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OPERATOR		✓
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

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MAY 04 '88

O. C. D.
ARTESIA, OFFICE

Operator
Union Texas Petroleum Corporation
Address
P. O. Box 2120, Houston, TX 77252-2120

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neste 6	Well No. 2	Pool Name, Including Formation N. Shugart Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LG-6384
Location Unit Letter I ; 1980 Feet From The South Line and 940 Feet From The East Line of Section 6 Township 18S Range 31E, NMF, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transp. Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 6	Twp. 18S	Rge. 31E	Is gas actually connected? Yes	When 4-27-88

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded 3-17-88	Date Compl. Ready to Prod. 4-27-88	Total Depth 8450	P.B.T.D. 8450					
Elevations (DF, RKB, RT, GR, etc.) 3642	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7875	Tubing Depth 7843					
Perforations 7875-8250			Depth Casing Shoe 8450					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	540'	600					
11	8-5/8	2999'	1050					
7-7/8	5-1/2	8450'	1315					
	2 7/8	7843						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

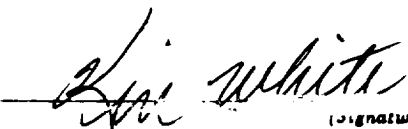
Date First New Oil Run To Tanks 4-29-88	Date of Test 5-1-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 96	Gas - MCF 85

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Regulatory Permit Coordinator
(Title)

May 2, 1988
(Date)

OIL CONSERVATION COMMISSION

MAY 10 1988

APPROVED _____, 19____

BY _____ Original Signed By
Mike Williams

TITLE _____ Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.