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TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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-110
Effective 1-1-85

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MAY 19 '88

Operator Union Texas Petroleum Corporation		O. C. D. ARTESIA, OFFICE
Address P. O. Box 2120, Houston, TX 77252-2120		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neste 6	Well No. 3	Pool Name, Including Formation N. Shugart Bone Spring	Kind of Lease State, Federal or Fee State	Lease No. LG-6384
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 6 Township 18S Range 31E , NMPM, 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 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 5-15-80

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-11-88	Date Compl. Ready to Prod. 5-15-88		Total Depth 8540		P.B.T.D. 8485			
Elevations (DF, RKB, RT, GR, etc.) 3654	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8016		Tubing Depth 8001			
Perforations 8016-8310					Depth Casing Shoe 8540			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	509	600
11	8-5/8	3000	1000
7-7/8	5-1/2	8540	1540
	2 7/8	8001	

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)

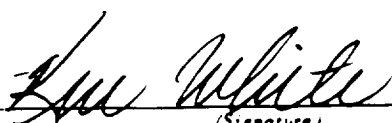
Date First New Oil Run To Tanks 5-15-88	Date of Test 5-17-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 254	Water-Bbls. 103	Gas-MCF 149

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 17, 1988

Date

OIL CONSERVATION COMMISSION

APPROVED JUN 9 1988

Original Signed By
BY Mike Williams

TITLE Oil & Gas Inspector

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

If this is a request for allowable 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.

Supersede Forms C-104 must be filed for each pool in multiply