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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-11
Effective 1-1-65

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AUG 03 '88

Operator Union Texas Petroleum Corp. ✓	
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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

O. C. D.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neste Williams Fed.	Well No. 2	Pool Name, Including Formation N. Shugart (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. 68039
Location				
Unit Letter G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section 6	Township 18 S	Range 31	, NMPM, 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 G	Sec. 6	Twp. 18 S	Rge. 31 E	Is gas actually connected? yes	When 7-29-88

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 Restv.	Diff. Restv.
Date Spudded 6-24-88	Date Compl. Ready to Prod.	Total Depth 8370	P.B.T.D. 8305					
Elevations (DF, RKB, RT, GR, etc.) 3627 GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7868	Tubing Depth 8270					
Perforations 7868-8135	Depth Casing Shoe 8368							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	500	600 Post TD-2					
12 1/2	8 5/8	3000	1100 8-26-88					
7 7/8	5 1/2	8368	1375 comp & BKR					

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 07/24/88	Date of Test 07/30/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 50#	Casing Pressure 50#	Choke Size -
Actual Prod. During Test	Oil - Bbls. 212	Water - Bbls. 26	Gas - MCF 137

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.

Luc White
(Signature)

Regulatory Permit Coordinator
(Title)

08/01/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 23 1988, 19

BY Original Signed By
Mike Williams

TITLE

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.

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