

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-88
See Instructions
at Bottom of Page

OCT 1 '90

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up

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. 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 Operator ☐	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Neste Williams Federal	3	N. Shugart (Bone Spring)	State, Federal or Fee	68039
Location				
Unit Letter	K	1980	Feet From The	South
Section	6	Township	18S	Range
			31E	NMPM, Eddy
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
PRIDE PIPELINE COMPANY		P. O. BOX 2436, ABILENE, TX 79604
Name of Authorized Transporter of Casinghead Gas	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
CONOCO, INC.		P. O. BOX 2197, HOUSTON, TX 77252
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	6
	Twp.	18S
	Rge.	31E
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected?	When?
	yes	8/29/88

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/14/88	8/29/88		8460		8455			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3600 GR	Bone Springs		7887		7859			
Perforations					Depth Casing Shoe			
7887-8202					8455			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	503	600
12 1/4	8 5/8	3009	1100
7 7/8	5 1/2	8455	1355

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/29/88	9/4/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	160	45	158

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Mike Williams

Signature _____

Regulatory Permit Coordinator

Printed Name _____

9/25/90

Date _____

Title (713)

Phone 968-3654

Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved OCT 4 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.