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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-1
Effective 1-1-65

RECEIVED

I. Operator Union Texas Petroleum Corp. SEP 09 '88

Address P.O. Box 2120, Houston, Tx. 77252-2120 C.C.D.

Reason(s) for filing (Check proper box) Other (Please explain) MINOR OFFICE

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Neste Williams Fed.</u>	Well No. <u>3</u>	Pool Name, including Formation <u>N. Shugart (Bone Spring)</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>68039</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> <u>Texaco Trading & Transp. Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3109 Midland, Tx. 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197, Houston, Tx. 77252</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>6</u>	Twp. <u>18S</u>	Rge. <u>31E</u>	Is gas actually connected? <u>yes</u>	When <u>8-29-88</u>

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 <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 <u>7-14-88</u>	Date Compl. Ready to Prod. <u>8-29-88</u>		Total Depth <u>8460</u>		P.B.T.D. <u>8455</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3600 GR</u>	Name of Producing Formation <u>Bone Spring</u>		Top Oil/Gas Pay <u>7887</u>		Tubing Depth <u>7859</u>			
Perforations <u>7887-8202</u>					Depth Casing Shoe <u>8455</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>503</u>	<u>600</u>
<u>12 1/4</u>	<u>8 5/8</u>	<u>3009</u>	<u>1100</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>8455</u>	<u>1355</u>

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

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.

Don White
(Signature)
Reg. Permit Coord.
(Title)
9-6-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 12 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 deepen well, this form must be accompanied by a tabulation of the deviated 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 multiple completed wells.