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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-110
Effective 1-1-65

NOV 14 1988

O. C.

ARTESIA, N.M.

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nestle Williams Federal	Well No. 4	Pool Name, including Formation N. Shugart (Bone Springs)	Kind of Lease State, Federal or Fee Federal	Lease No. 68039
Location				
Unit Letter <u>N</u> ; <u>760</u> Feet From The <u>South</u> Line and <u>1880</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"/> Texas Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, Texas 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, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6	Twp. 18S	Rge. 31E	Is gas actually connected? Yes	When 11-4-88

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 10-1-88	Date Compl. Ready to Prod. 11-4-88	Total Depth 8500'		P.B.T.D. 8500'					
Elevations (DF, RKB, RT, GR, etc.) 3608 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7919		Tubing Depth 8150				
Perforations 7919-8219		Depth Casing Shoe 8500							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		500'		600				
11	8 5/8		2691'		935				
7 7/8	5 1/2		8500'		1355				
	2 7/8		8150						

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 11-6-88	Date of Test 11-7-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 221	Water - Bbls. 82	Gas - MCF 213

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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

11-8-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1988, 19

BY Original Signed By
Mika 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.