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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Form C-104 and C-111
Effective 1-1-65

OCT 06 '88

O. C. D.
ARTESIA, OFFICE

I. Operator Union Texas Petroleum Corp. ✓

Address P.O. Box 2120, Houston, Tx. 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 type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Neste T o mano Federal	1	N. Shugart (Bone Spring)	State, Federal or Fee Federal	NM-0334702
Location				
Unit Letter	A	550 Feet From The	N. Line and	490 Feet From The
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 type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation Co.				P.O. Box 3109 Midland, Tx. 79702
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	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.	Twp.	Rge.
	G	6	18S	31E
Is gas actually connected?	yes	When	9-21-88	

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	8-4-88	Date Compl. Ready to Prod.	9-2-88	Total Depth	8335	P.B.T.D.	3804		
Elevations (DF, RKB, RT, GR, etc.)	3658'	Name of Producing Formation	Bone Spring	Top Oil/Gas Pay	7820	Tubing Depth	7814		
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
17 1/2	13 3/8	501	600						
11	8 5/8	3014	1100						
7 7/8	5 1/2	8304	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 Tanks	9-21-88	Date of Test	09 /28/ 88	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	25	Tubing Pressure	-	Casing Pressure	50#
Actual Prod. During Test		Oil-Bbls.	11	Water-Bbls.	35
				Gas-MCF	35

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.

Lynn White
(Signature)

Reg. Permit Coordinator

(Title)

9-28-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 04 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.