

Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Dept

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 1 '90

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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Op

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
Well API No.
API 30-015-25548

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
Neste Tomano Federal
Well No.
2
Pool Name, including Formation
N. Shugart (Bone Spring)
Kind of Lease
State, Federal or Fee
Lease No.
0334702
Location
Unit Letter
B
560
Feet From The
N
Line and
2030'
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
PRIDE PIPELINE COMPANY
Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 2436, ABILENE, TX 79604
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas
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.
18S
Rge.
31E
Is gas actually connected?
yes
When?
10-14-88

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res v ☐ Diff Res v ☐
Date Spudded
9/5/88
Date Compl. Ready to Prod.
10/14/88
Total Depth
8323
P.B.T.D.
8320
Elevations (DF, RKB, RT, GR, etc.)
3653 GR
Name of Producing Formation
Bone Springs
Top Oil/Gas Pay
7858
Tubing Depth
8220
Perforations
7858-8084
Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE
17 1/2"
11
7 7/8
CASING & TUBING SIZE
13 3/8"
8 5/8
5 1/2
DEPTH SET
509
3000
8320
SACKS CEMENT
600
1100
1355
Per ID-3
10-5-90
chg LT:TTT

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
10-14-88
Date of Test
10-24-88
Producing Method (Flow, pump, gas lift, etc.)
Pump
Length of Test
24
Tubing Pressure
--
Casing Pressure
--
Choke Size
--
Actual Prod. During Test
Oil - Bbls.
9
Water - Bbls.
11
Gas - MCF
61
GAS WELL
Actual Prod. Test - MCF/D
Length of Test
Bbls. Condensate/MMCF
Grav. of Condensate
Testing Method (pucl, 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.

Signature
Regulatory Permit Coordinator
Printed Name
9/25/90
Date
Title (7/13)
Phone 968-3654
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
SEP 28 1990

By
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT IV

- 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.