Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 02'89

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ			-	BLE AND	04-2088 AUTHORI	ZATION	ا بالهام ا ت ا) .			
I						TURAL G	_	ARTESIA O	FFICE			
Operator D. J. J. C. J.									ell API No.			
Union Texas Petroleum Corporation-Attn: Ken							3	0-015-26053				
P.O. Box 2120, Houst	on Tex	as 77	252-2	120				·				
Reason(s) for Filing (Check proper box)			~		Oth	er (Please expl	ain)					
New Well Recompletion	0.1	Change in										
Change in Operator	Oil Casinghe	_	Dry Gas	_								
If change of operator give name	Cannigne	ad Gas	Conden	IBRUC								
and address of previous operator	43/10/1/10					~ a ~			· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Includi					GACT	Vind	of Lance	of Lease Fodow 1 Lease No.			
Neste Williams Feder	al	5	1			ing S			of Lease Federal Lease No. Federal or Fee NM-68039			
Unit Letter L : 2030 Feet From The South Line and 560 Feet From The West Line												
Section 6 Township 18S Range 31E , NMPM, Eddy County												
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OR OF O		D NATU					 			
Texaco Trading & Tra	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3109, Midland, TX 79702											
Name of Authorized Transporter of Casin Conoco, Inc.					P.O. Bo	ox 2197,	Houston	copy of this form is to be sent) , TX 77252				
If well produces oil or liquids, give location of tanks.	Unit L	Sec.	Т w р. 18S	31E	is gas actuali Yes		When ? 02/20/89					
If this production is commingled with that	from any oti	her lease or	pool, give	e comming	ling order numi	ber:		-				
IV. COMPLETION DATA					γ	·	, -		<u> </u>	·		
Designate Type of Completion		Oil Well		ias Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded 01/21/89	Date Compl. Ready to Prod. 02/19/89			Total Depth 8450			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3608 GR	vations (DF, RKB, RT, GR, etc.) 3608' GR Name of Producing Formation Bone Spring					Top Oil/Gas Pay 7891			Tubing Depth 8205			
Perforations 7891–8205								Depth Casing Shoe				
TUBING, CASING AND						8450						
HOLE SIZE	CEMENTI	DEPTH SET	<u> </u>	1	PACKE CEME	-						
17-1/2	CASING & TUBING SIZE				507			 	SACKS CEMENT 600			
11	-		-5/8		3000			-	1250			
7-7/8	5-1/2			8450				1450				
						8205			1430			
V. TEST DATA AND REQUES OIL WELL (Test must be after re		LLOW		il and must	be equal to or		wable for thi	s depth or be	for full 24 hour	·x.)		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.) Post IO-2						
02/20/89	02/23/89				P	umpine			3-14-89			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size Comp & BI?					
Actual Prod. During Test	Oil - Bbls. 216			Water - Bbls.	Water - Bbis. 86			Gas- MCF 194				
GAS WELL	<u>. </u>		-					· .				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION							
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.					Data Approved MAR 1 7 1989							
A MALE TO THE POPULATION OF THE PARTY OF THE					Date Approved							
Signature					By Original Signed By							
Ken White, Regulatory Permit Coordinal												
02/28/89 713/ 968-4004 Date Telephone No.										,		
		100	F	 	<u> </u>							

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.