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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 Department

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

RECEIVED

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

OCT 1 '90

O. C. D.
ARTESIA, OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator UNION TEXAS PETROLEUM CORPORATION	Well API No. 30-015-26054
Address P. O. Box 2120, HOUSTON, TX 77252	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NESTE WILLIAMS FEDERAL	Well No. 6	Pool Name, Including Formation N. SHUGART (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. NM68039
Location Unit Letter M : 660 Feet From The S Line and 560 Feet From The West Line 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 18S	Twp. 31E	Rge. 31E	Is gas actually connected? Yes	When? 3-13-89

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-10-89	Date Compl. Ready to Prod. 3-21-89		Total Depth 8484		P.B.T.D. 8439			
Elevations (DF, RKB, RT, GR, etc.) 3608 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7950		Tubing Depth 7921			
Perforations 7950-8224					Depth Casing Shoe 8484			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13 3/8		472		600 Post ID-3			
11	8-5/8		2500		1000 10-5-89			
7-7/8	5 1/2		8484		1450 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 3-11-89	Date of Test 3-21-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 93	Water - Bbls. 51	Gas- MCF 151

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. 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 **Bill White**
REGULATORY PERMIT COORDINATOR
Printed Name _____ Title _____
Date **9-25-90** Telephone No. **(713) 968-3654**

OIL CONSERVATION DIVISION

Date Approved **SEP 28 1990**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

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.