

Submit 5 Copies
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
E. gy, Minerals and Natural Resources Departmen.

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

MAR 30 '89

C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|------------------------------|
| Operator Union Texas Petroleum Corporation | Well API No. 30-015-26054 |
| 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 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. Sugar Spring | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter M : 660 Feet From The South 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"/> Texaco Trading & Transportation | 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 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 L | Sec. 6 | Twp. 18S | 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 <input checked="" type="checkbox"/> | 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 Spring | Top Oil/Gas Pay 7950 | Tubing Depth 7921 | | | | | |
| Perforations 7950-8224 | Depth Casing Shoe 8484 | | | | | | | |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|----------------|
| 17 1/2 | 13 3/8 | 472 | 600 Post ID-2 |
| 11 | 8 5/8 | 2500 | 1000 4-7-89 |
| 7 7/8 | 5 1/2 | 8484 | 1450 comp + RR |
| | 2 7/8 | 7921 | |

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
Ken White, Regulatory Permit Coordinator
Printed Name
3/27/89
Date
713/968-4004
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1989

By Original Signed By
Mike Williams

Title

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.