

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

Form C-104
Superseding Old C-101 and
Effective 1-1-65

DEPARTMENT		
SANTA FE	☒	
FILE	☒	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL ☒ GAS ☒	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
UMC Petroleum Corporation
Address
1201 Louisiana, Suite 1400, Houston, Texas 7702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner
Ensource, Inc., 1201 Louisiana, Suite 1400, Houston, Texas 77002

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 26	Well No. 3	Pool Name, including Formation Stugart (Y-SR-Q-G)	Kind of Lease State, Federal or Fee Federal	LC# 029392
Location Unit Letter A 2310, Feet From The North Line and 1980 Feet From The East Line of Section 26 Township 18S Range 31E, NMPM, Eddy, Conn.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Ensource	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 18S	Pge. 31E
Is gas actually connected?		When		
Yes		9-28-77		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n. Phil. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					Part ID-3		
					10-12-90		
					chg ap		

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 all able for this depth or be for full 24 hours)

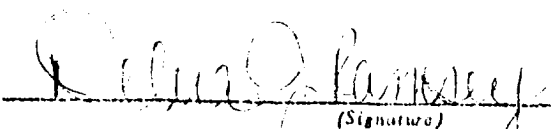
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.


(Signature)

Production Analyst

(Title)

6-12-90

OIL CONSERVATION COMMISSION

APPROVED OCT 8 1990, 19

BY ORIGINAL SIGNED BY

MIKE WILLIAMS

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of fluid level tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and recompletions wells.

Fill out only Sections I, II, III, and VI for changes of owner