

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

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

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

I. Operator
UMC Petroleum Corporation

Address
1201 Louisiana, Suite 1400, Houston, Texas 77002

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name and address of previous owner General Producing, 1201 Louisiana, Suite 1400, Houston, Texas 77002

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway, W.	Well No. 9	Pool Name, including Formation West Parkway (Atoka)	Kind of Lease State, Federal or Fee	State State	Lease K694
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 21 Township 19S Range 29E , NMPM, Eddy					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Koch	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 2256, Wichita, KS 67201
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit G Sec. 21 Twp. 19S Rge. 29E	Is gas actually connected? When Yes 4-7-82

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 Prod'n. Perf.
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				

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 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 (prior, 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.

Debra J. Ramsey
(Signature)
Production Analyst
(Title)
6-12-90
(Date)

OIL CONSERVATION COMMISSION

OCT 8 1990

APPROVED _____, 19 ____
ORIGINAL SIGNED BY
BY MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT 17

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

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

All sections of this form must be filled out completely for a file on new well or completed well.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of record.