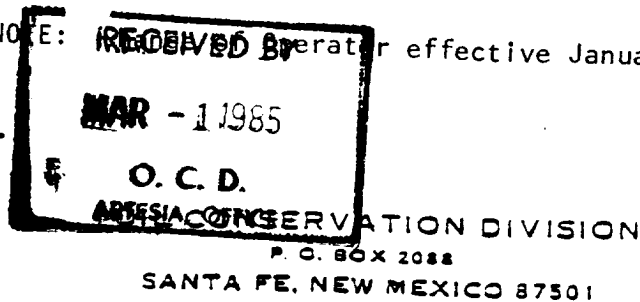


NOTE: RECEIVED BY Operator effective January 31, 1985

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
REGISTRATION OFFICE	



Form C-104
Revised 10-01-78
Format C8-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
FLORIDA EXPLORATION COMPANY

Address
3151 South Vaughn Way, Suite 200, Aurora, Colorado 80014

Reason(s) for filing (Check proper box)

☐ New Well	☐ Change in Transporter oil	☐ Other (Please explain)
☐ Recombination	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Condensate Gas	☐ Condensate

Change of Operator Only

If change of ownership give name and address of previous owner **Union Texas Petroleum Corp., 4000 N. Big Spring #500, Midland, TX 79705**

II. DESCRIPTION OF WELL AND LEASE

Lease Name No. Hackberry Federal	Well No. 1	Pool Name, including Formation Yates N. Hackberry	Kind of Lease State, Federal or Fee Federal	Lease No. NM-06814
Location Unit Letter J : 2110 Feet From The South Line and 1650 Feet From The East Line of Section 30 Township 19S Range 31E NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is Authorized Transporter of Oil ☒ or Condensate ☐ Author South Texas Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1142 Midland, Tx. 79701
Is Authorized Transporter of Gas ☐ or Dry Gas ☐ Author	Address (Give address to which approved copy of this form is to be sent)

If well is connected to	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
Oil	J	30	19S	30E	No	Post ID-3 3-8-85

If this well is commingled with that from any other lease or pool, give commingling order number: **Chg Op.**

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

James D. Gentry
(Signature)
Operations Manager
(Title)
February 18, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **MAR 11 1985**
Original Signature
BY **Leslie A. Clements**
TITLE **Supervisor District II**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Some Rest.	Still Rest.
		X		X					
Date Spud	Date Comm. Ready to Prod.			Total Depth		P.S.T.D.			
April 18, 1982				2403		2347			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
3438 G.L.	Yates			2020		2185			
Perforations						Depth Casing Shoe			
2060-2234									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	677	675
7-7/8	4-1/2	2403	900

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
October 5, 1982	October 31, 1982	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Chase Size
24 hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
14	11	3	TSTM

GAS WELL

Actual Prod. Test, MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Static-Lb)	Casing Pressure (Static-Lb)	Chase Size