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

Form C-104

Supersedes Old C-104 and C-110  
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JAN 8 1985

O. C. D.

ARTESIA, OFFICE

NOTE: CHANGE OF OPERATOR EFFECTIVE JANUARY 1, 1985

Operator Union Texas Petroleum Corporation	
Address 4000 N. Big Spring, Suite 500, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of Operator Only	

If change of ~~operator~~ give name and address of previous ~~operator~~  
Operator Supron Energy Corporation, Building V Fifth Floor,  
10300 N. Central Expressway, Dallas, Texas 75213-3389

Lease Name Shelby Federal	Well No. 2	Pool Name, including Formation McKittrick Hills Upper Penn	Kind of Lease State, Federal or Fee Federal	Lease No. 12828
Location Unit Letter <u>K</u> ; <u>1900</u> Feet From The <u>South</u> Line and <u>2200</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>22 South</u> Range <u>24 East</u> , NMPM, <u>Eddy</u> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.		Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia New Mexico 88210				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.		Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12	Twp. 22	Rge. 24	Is gas actually connected? Yes	When 2-12-75

If this production is commingled with that from any other lease or pool, give commingling order number:

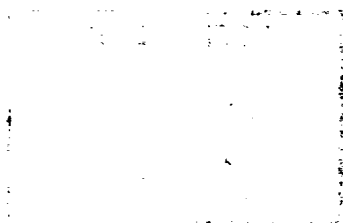
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
				Post FD-3					
				1-11-85					
				Chg up					

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 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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>JAN 10 1985</u> , 19	
		BY <u>Mike Williams</u>	
		TITLE <u>OIL AND GAS INSPECTOR</u>	
William A. Higgins (Signature) Regulatory Compliance Coordinator (Title)		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.	

January 3, 1985



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