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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator UMC Petroleum Corporation		Well API No. 30-015-21884
Address 410 17th Street, Suite 1400 , Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator General Atlantic Resources, Inc. 410 17th ST., STE 1400, Denver, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name 14885 Cerf Federal Com	Well No. 2	Pool Name, Including Formation Morrow Burton Flat Morrow	Kind of Lease State, Federal or XXX	Lease No. SW 804
Location Unit Letter <u>F</u> : 1980 Feet From The North Line and 1980 Feet From The West Line Section 10 Township 21S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock-Permian	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648				
Name of Authorized Transporter of Casinghead Gas GPM	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, OK 74005-5050				
If well produces oil or liquids, give location of tanks.	Unit	Sec. 10	Tw. 21S	Rge. 27E	Is gas actually connected? YES	When ?

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'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			Post SACKS CEMENT ID-3 3-31-96 RECEIVED CHG. OP MAR 9 4 1995		

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	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 (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.

Jim Lee Wolfe
Signature
Jim Lee Wolfe / Vice President Operations
Printed Name
3/17/95 (303) 573-5100
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SUPERVISOR, DISTRICT II
By _____
Title MAR 29 1995

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 recomple
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or other such changes.

State of New Mexico

Energy, Minerals and Natural Resources Department

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Form C-104
Revised 1-1-88
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at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator GENERAL ATLANTIC RESOURCES, INC	Well API No.
Address 410 SEVENTEENTH STREET, SUITE 1400 - DENVER, COLORADO 80202	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name

and address of previous operator **BHP PETROLEUM (AMERICAS), INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cerf Federal Com	Well No. 2	Pool Name, including Formation Burton Flat Morrow	Kind of Lease Federal	Lease No. NM14768
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 10 Township 21S Range 27E ,NMFM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil The Permian Corp. <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co. <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1188, Houston, Texas 77001				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When? 11/12/76

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'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 2-25-93 chq qv			

V. TEST DATE 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	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 (outlet, back or,)	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

Jim Wolfe

Printed Name **Jim Wolfe** Title **Vice President/Operations**

Date **5/01/93**

Telephone No. **(303) 573-5100**

OIL CONSERVATION DIVISION

JUN 23 1993

Date Approved

By

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.