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Appropriate District Office
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

RECEIVED

JAN 17 1992

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 1-1-89
See instructions
on bottom of page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ultramar Oil and Gas Limited ✓ Well API No. N/A

Address 16825 Northchase Dr., Ste. 1200 - Houston, Texas 77060

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:

Recompleted ☐ Oil ☐ Dry Gas ☐

Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator Ultramar Production Company - same address as above

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlsbad "13" Com Well No. 1 Pool Name, including Formations Carlsbad, South (Morrow) Kind of Lease State, Federal or Fee Lease No. Fee

Location
Unit Letter G : 2040 Feet From The East Line and 1650 Feet From The North Line
Section 13 Township 22-S Range 26-E NMTN, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
None

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company P.O. Box 2521 - Houston, Texas 77001

If well produces oil or liquids, give location of tanks. Unit G Sec. 13 Twp. 22-S Rge. 26-E Is gas actually commingled? Yes When? 6-23-77

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 v	Diff Res v
Date Spudded	Date Complet. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formations		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 total oil and must be equal to or exceed test allowable for that 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 - Bbl.	Water - Bbl.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbl. Condensate/MCF	Gravity of Condensate
Testing Method (pump, 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.

Signature Tanya L. Cantrell
Printed Name Tanya L. Cantrell - Regulatory Assistant
Phone Number 713/874-0700
Date 1-1-92
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 22 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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 recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.