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

RECEIVED BY
Form C-104
SEP 24 1984
Supersedes Old C-104 and C-110 Effective 1-1-65
O. C. D.
ARTESIAL OFFICE

NOTE: CHANGE OF OPERATOR EFFECTIVE SEPTEMBER 25, 1984

I. Operator  
Union Texas Petroleum Corporation  
Address  
4000 N. Big Spring, Suite 500, Midland, Texas 79705  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of Operator Only  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Operator  
If change of ~~operator~~ give name Enstar Petroleum Company, A Division of Enstar Corporation  
and address of previous ~~operator~~ OPERATOR P. O. Drawer 3546, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Federal "22" Com Well No. 1 Pool Name, Including Formation White City Penn (Morrow) Kind of Lease State, Federal or Fee Federal  
Location  
Unit Letter F 1400 Feet From The North Line and 1650 Feet From The West  
Line of Section 22 Township 24S Range 26E, NMPM, 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 Co. P. O. Box 2521, Houston, TX 77001  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? Yes When 1/20/76

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)  
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

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

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.

James E. Davis  
(Signature)

OPERATIONS MANAGER

(Title)

September 17, 1984

(Date)

OIL CONSERVATION COMMISSION

SEP 24 1984

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEBASTIAN  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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