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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	G AS	V		
OPERATOR		/ نا		
BROBATION OFFICE				

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

RECEIVED BY	
Supersedes Old C-104 and S Program 1985	C-110

	AND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL BAS O. C. D.						
	OIL		L	ARTESIA, OFFICE			
	TRANSPORTER GAS						
	OPERATOR	NOTE: CHANGE OF O	PERATOR EFFECTIVE SE	PTEMBER 25, 1984			
ı.	Operator 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	Change in Transporter of:	Cinc. (Library				
	Recompletion	Oil Dry Gas	Change of Operato	or Only			
	Change in Ownership	Cas::nghead Gas Condens	, — ·	or only			
	Uperator If change of Advantage give name and address of previous kneed.	Enstar Petroleum Compan	y, A Division of Enstar	Corporation			
	and address of previous MREST OPERATOR	P. O. Drawer 3546, Midl					
II.	IL DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation Kind of Lease						
	Allied Chemical Federal 2 South Carlsbad Morrow State, Federal or Fee Federal						
	Location						
	Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West						
		3/0	GE MARK Edder	County			
	Line of Section 3 Tow	mship 24S Range 2	6E , NMPM, Eddy	County			
		TOD OF OUR AND NATURAL CAS	3				
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	i						
	Name of Authorized Transporter of Cas	ringhead Clas or Dry Gas	Address Give address to which approv	ed copy of this form is to be sent)			
	El Paso Natural Gas Com		P. O. Box 1384, Jal, NM	-88252 Express Try 99			
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
	If well produces oil or liquids, give location of tanks.		Yes	8/12/76			
	If this production is commission will	th that from any other lease or pool, g	give commingling order number:				
IV.	COMPLETION DATA			10.00			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completic		1	100000			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
			T 01/ (Can Day)	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tobing Sopin			
		<u> </u>	<u></u>	Depth Casing Shoe			
	Perforations			-			
TUBING, CASING, AND CEMENTING RECORD							
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
				 			
				<u> </u>			
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil	and must be equal to or exceed top allou			
•	OII. WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pamp, gos	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		The Reserve	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Casing				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF			
	Actual Prod. During 1981	0					
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 COMPLIAN	ICE	OIL CONSERVATION COMMISSION				
•			SFP 2	4 1994			
	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. OPERATIONS MANAGER (Title)		APPROVED SEP 24 1984				
			BY ORIGINAL SIGN	MOTABLE YREEL YE GEN			
			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 deviati tests taken on the well in accordance with RULE 111.				
			All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditions and the section of the sect				
		Date)	well name or number, or transporten or other seed need in multir				
		Separate Forms C-104 must be filed for each pool in mutus					