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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

RECEIVED BY
Form C-104
Supersedes Old C-104 and C-110
SEP 26 1984
O. C. D.
ARTESIA, 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 ☐ Charge in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of Operator Only
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name CK Federal Well No. 1 Pool Name, including Formation White City Penn (Morrow) Kind of Lease State, Federal or Fee Federal Lease No. NM 15285
Location
Unit Letter J 1780 Feet From The South Line and 1780 Feet From The East
Line of Section 8 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)
El Paso Natural Gas P. O. Box 1384, Jal, NM 88252-EL PASO 79922
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? Yes When 9/7/78

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 (pilot, 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.

Shirley E. Davis
(Signature)
OPERATIONS MANAGER

September 17, 1984
(Date)

OIL CONSERVATION COMMISSION
SEP 24 1984
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SECTON
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 deviation 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 owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.