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

DISTRICT II  
P.O. Drawer DD, Azusa, 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

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

RECEIVED

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

MAY - 9 '90

I. Operator Ultramar Production Company Well API No. 11/A ARTESIA, OFFICE

Address 16825 N. Chase, Suite 1200, Houston, TX 77060

Reason(s) for Filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator Union Texas Petroleum Corp., P.O. Box 2120, Houston, TX 77252-2120

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>CK Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>White City Penn (Morrow)</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-15295</u>
Location Unit Letter <u>J</u> <u>1780</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>24S</u> Range <u>26E</u> <u>NMPM.</u> <u>Eddy</u> 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 Company P.O. Box 1492, El Paso, TX 79999  
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)	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

**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 5-25-90  
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 (plug, 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.

Polly A. Koontz  
Signature Polly A. Koontz Supervisor of Regulatory Affairs  
Printed Name 5/3/90 Title 713/874-0700  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 25 1990

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.