

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 6 1983

OIL CON. DIV.

DIST. 3

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator UNC Texas, Inc.	
Address P.O. Box 1311 Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Betty 'C' 31	Well No. 6	Pool Name, including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 014023
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>24N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1183 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mesa Petroleum Company	Address (Give address to which approved copy of this form is to be sent) PO Box 2009 Amarillo, TX 79189	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31
	Twp. 24N	Rge. 7W
	Is gas actually connected? <u>Yes</u> When <u>October, 1981</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded November 2, 1982	Date Compl. Ready to Prod. November 23, 1982	Total Depth 5717		P.B.T.D. 5616					
Elevations (DF, RKB, RT, GR, etc.) 6943 GR; 6955 KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5345		Tubing Depth 5527					
Perforations 5573, 69, 63, 61, 55, 38, 35, 33, 18, 16, 5464, 62, 60, 59, 57, 5367, 65, 62, 47 & 45		Depth Casing Shoe 5703							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8", 23#		303' KB		250 sx Class B+ 2% CaCl <sub>2</sub>				
7 7/8"	4 1/2", 10.5#		5703' KB		330 sx Class B+ 2% CaCl <sub>2</sub>				
	2 3/8" EUE		5527' KB		350 sx Halliburton Light				

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)

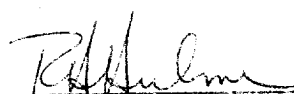
Date First New Oil Run To Tanks 11-24-82	Date of Test 12-28-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 60	Casing Pressure 60	Choke Size None
Actual Prod. During Test	Oil-Bbls. 20	Water-Bbls. 5	Gas-MCF 50

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Randall H. Hulme (Signature)  
Drilling & Production Engineer (Title)  
January 3, 1983 (Date)

OIL CONSERVATION DIVISION

JAN 6 - 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by David J. DIAZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened 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 allowable 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 multiply completed wells.