

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. _____
Address P.O. Box 2120 Houston, Texas 77252-2120

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 _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Jicarilla "G" Well No. 6M Pool Name, Including Formation (BASIN) (Dakota) Kind of Lease State, Federal or Fee Lease No. C150
Location Unit Letter D Feet From The _____ Line and _____ Feet From The _____ Line
Section 2 Township 26N Range 05W NMPM, Rio Arriba 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) P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? _____ When? _____

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 _____
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 (psat, 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.
Annette C. Bisby
Signature Annette C. Bisby Env. & Reg. Secrtry
Printed Name 8-4-89 Title (713) 968-4012
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION
Date Approved AUG 28 1989
By [Signature]
Title SUPERVISION DISTRICT # 3

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.