Submit 5 Conies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	11001	TO TRAI	NSPORT O	IL AND NA	AUTHONI S IARITA	AS				
Operator				1271110 117	TOTIAL		API No.			
"nion Texas Pet	roleum C	ornorat	ion	···						
P.O. Box 2120	Houston	, Texas	77252-2	120						
Reason(s) for Filing (Check proper box	ij			00	het (Please expi	ain)				
New Well	Oil		Transporter of:							
Change in Operator		ud Gas ∐ d	Dry Ges Condensate							
If change of operator give name and address of previous operator									 	
, ,	LANDIE	4.6E	1 1						<u></u>	
II. DESCRIPTION OF WELL	L AND LE		Ped Name Inch			l Kind	of Lease		NI	
Zachry	Well No. Prol Name, Incha #18 Picture			ed Cliffs	s)	,	Federal or Fee	SFO	080724A	
Location					,					
Unit Letter No	:	1	Feet From The _	ىنا	ne and	F	set From The _		Line	
Section Towns	<u> 281</u>	N ,	Range 10	n. G	IMPM , 5A	N JUA	2		County	
III DECICNATION OF TOA	NCDODTE	T OF OU								
III. DESIGNATION OF TRA	WOLOKIE	or Condens				hich approved	copy of this for	m is to be see		
Meridian Oil Inc				P.O. 1	Box 4289,	Farmin	gton, NM	87499	~ ,	
Name of Authorized Transporter of Cas Sunterra Gas Gat	inghead Gas	,	or Dry Gas 🔽	Address (Gir	ve address to w	vick approved	copy of this for	m is to be se	rd).	
If well produces oil or liquids,	Unit		Two. Ree	ls gas actual		, Albur	querque,	NM 8712	<u>25</u>	
give location of tanks.	<u> </u>	i				Water				
If this production is commingled with the IV. COMPLETION DATA	nt from any oth	er lease or po	ol, give comming	ting order num	ber:					
IV. COMBLETION DATA		Oil Well	Ges Well	New Well	Workover	Despen	Phys Back 10		·	
Designate Type of Completion		i	i		WOLLOVE	i needoor	Plug Back S	eme Kasy	Diff Res'v	
Date Spudded	Date Comp	l. Ready to P	rod.	Total Depth		·	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producin			nation	Top Oil/Gas Pay			Tubing Depth			
							Total Depar			
Perforations							Depth Casing	pos		
	T	UBING. C	ASING AND	CEMENT	NG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
		···					! 			
							·			
V. TEST DATA AND REQUE OIL WELL (Test must be after										
OIL WELL Test must be after Date First New Oil Run To Tank	Date of Test		loga ou ana mus	Producing Me	exceed top ello whod (Flow, pu	wable for this	depth or be for	full 24 hours	r.)	
Length of Test	Tubing Pres	STITE		Casing Press	are .		Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
				!					ļ	
GAS WELL						****************				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	em/MMCF	···	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ur (Shut-in)		Choke Size			
					·					
VI. OPERATOR CERTIFIC					NI CON	CEDVA	TION D			
I hereby certify that the rules and regu Division have been complied with and	Astions of the C that the inform	Dil Conservati nation siven	ion shove	1	JIL CON	SERVA	ATION DI	VISIO	N.	
is true and complete to the best of my knowledge and belief.				Date	Approved		AUG 28	1989		
(1: Heli)										
Signature C. Side				By_ But). Chang						
Annette C. Bisby Env Reg. Secretry				SUPERVISION DISTRICT # 3						
Printed Name 8-7-89	(7	713) 968	tie 3-4012	Title.		· ·				
Date		Teleph	me No	11						

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.

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 Rottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 875/34-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OI	<u>L AND NA</u>	TURAL G	AS_					
Operator "nion Texas Petroleum Corporation							Well	API No.				
Address			_	7050 01							_	
Reason(s) for Filing (Check proper box)	Ouston	, exas	<u> </u>	7252-21		et (Please exp	ain)				_	
New Well		Change in	Тпар	orter of:			,					
Recompletion	Oil	<u>v</u>										
Change in Operator	Casinghea	d Gas 📋	Conde	amk								
If change of operator give name and address of previous operator							·····					
II. DESCRIPTION OF WELL	AND LEA	ASE	6	PASIN	1						_	
Lease Name Zachry		Well No. Tool Name, include #18 Dakota						of Lease	crde	SF080724A		
Location		#10	1 (1	akuta			State	Federal or Fe	• 3500		_	
Unit Letter	_ :		Feet F	roon The	Lin	e and	E.	set From The		1:		
	2	8N	_	101	1	4	, , ,	Sila)		Line		
Section / Township		000	Range	, , ,	<u>, N</u>	MPM,	JAN C)UAN		County		
III. DESIGNATION OF TRAN	SPORTE			D NATU								
Name of Authorized Transporter of Oil or Condensate Meridian Oil Inc.					P.O. F	ox 4289,	tich approved Farmin	copy of this fa	om is to be se	ri)		
Name of Authorized Transporter of Casinghead Gas			or Dry Gas 🔯			Address (Give address to which appr						
Sunterra Gas Gath	 -				P.O. B	ox 26400	, Albur	querque,	NM 8712	25		
if well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	?				
If this production is commingled with that i	rom any oth	er lease or p	pool, gi	ve comming	ling order mani	her:					_	
IV. COMPLETION DATA							·				_	
Designate Type of Completion	- (X)	Oil Well	- 1 (Ges Well	New Well	Workover	Deepca 1	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compi. Ready to		Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	anation		Top Oil/Ges l'ay			Tuking Dough				
								Tubing Depth				
Perforations							-	Depth Casing	g Shoe		_	
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>			-	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
-												
								!			7	
											∃	
V. TEST DATA AND REQUES OIL WELL (Test must be after re				-:	A	4-						
	Date of Test		y toda c	N and must		that (Flow, pu			or full 24 hours	t.)	٦	
Location (Total	=					· 						
Leagth of Test Tubing Pr		essure			Casing Pressure			Choks Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
GAS WELL								1				
Actual Prod. Test - MCF/D	Length of T	esi			Bbis. Conden	nto/MMCF		Gravity of Co	ondenesse		_	
					! !			!	s e europe	; *** - *	-	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	n (Shut-in)		Choke Size			-		
VI. OPERATOR CERTIFICA	TE OF	COMPI	LIAN	CE][• :	
I hereby certify that the rules and regular	tions of the C	Dil Conserve	ation		(IL CON	SERVA	ATION E	DIVISIO	N		
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					_			AUG 28	1000			
1 :11 2	1.				Date	Approved	<i>-</i>		<u> </u>		_	
Clunetts (!	Siche		-		By		Bi	い. <i>e</i> d	ham			
Annette C. Bisby	Env			rtry	-			ISION D		#3	-	
Printed Name 8-7-89	(7		Title	•	Title.		·				_	
Date			bose N								-	

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.