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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III Santa Fe, New Mexico 87504-2088									
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALLOV	VABLE AND	AUTHORI	ZATION				
I.	TO TE	RANSPORT	OIL AND NA	TURAL GA					
Operator Union Texas Petroleum Corp Attn: Paula Priest					Well API No.				
Address									
P.O. Box 2120, Houst	on, Texas	77252-2120							
Reason(s) for Filing (Check proper box) New Well	Change	in Transporter of:	_	her (Piease expid	zin)				
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator		····					· · ·	189-1	
II. DESCRIPTION OF WELL AND LEASE									
Lease Name Well No. Pool Name, include				ing Formation Kind			Lease Fed Lease No.		
Congress Lachman	4E	o / Chacra	Chacra			Federal or Fee SF 047039 C			
Unit Letter C	. 940	F F	North	1820) -	W	est	• •	
Unit Letter C : 940 Feet From The North Line and 1820 Feet From The West Line									
Section 18 Township 28North Range 10West NMPM, San Juan 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)									
Name of Authorized Transporter of Casing Union Texas Petroleum	r of Caringhead Gas or Dry Gas x			Address (Give address to which approved copy of this form is to be sent) 375 U.S. Highway No. 64, Farmington, NM 8740					
If well produces oil or liquids,	Unit Sec.			lly connected?	When	?	-	7 07 401	
give location of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>		yes		i	04/21	/89		
If this production is commingled with that if IV. COMPLETION DATA	from any other lease	or pool, give com	mingling order nur	nber:		· · · · · · · · · · · · · · · · · · ·			
	Oil W	'ell Gas We	il New Well	Workover	Deepen	Plug Back Sar	me Res'v	oiff Res'v	
Designate Type of Completion		x	i	x	İ		<u>i</u>		
Date Spudded 03/18/89	04/05/89		Total Depth	6580'			P.B.T.D. 6482 '		
Elevations (DF, RKB, RT, GR, etc.) 5786 GL	Name of Producing Chacra	Formation	Top Oil/Gas 2866 '	Top Oil/Gas Pay 2866 '			Tubing Depth 2971		
Perforations	· · · · · · · · · · · · · · · · · · ·				Depth Casing Shoe				
2866-2978' 6580'									
HOLE SIZE	CASING &	ND CEMENT	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"	TOBITO SIZE		330'			305		
12-1/4"	9-5/8"		5:	5348'			00		
8-1/2"	7" -			6580'			175		
2-3/8" 2971'									
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.)									
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.)									
						17.		<u>.</u>	
Length of Test Tubing Pressure			Casing Pres	Casing Pressure		Choke Size			
Actual Prod. During Test Oil - Bbls.			Water - Bbl	Water - Bbis.			Gas-MCF _ J. DIV		
							U.J. 3	}	
GAS WELL									
Actual Prod. Test - MCF/D 2153	Length of Test	3 hours	Bbls. Conde	nsate/MMCF		Gravity of Cond	ensate		
Testing Method (pitot, back pr.)	Tubing Pressure (SI		Casino Pres	sure (Shut-in)		Choke Size			
Back Pr.	100118 11001110 (80	888	Casing 110	888		3/4"			
VI. OPERATOR CERTIFIC	ATE OF COM	(PLIANCE		011 001	10501	ATION DI	\(()()()		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved MAY 0 2 1989					
				Date Approved MAI U & 1389					
Paula Thest				Original Signed by FRANK T. CHAVEZ					
Signature Paula Priest Re	by_	ByBy							
Printed Name	- Title	Title STANSEYLECK ENSTRICT TO							
<u>May 1, 1989</u> Date	-			· ————					

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.