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Appropriate District Office
DISTRICT 1
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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

Aziec, NM 8/4	REQU					AUTHOR	_				
perator	<del> </del>	10 16/	TINOP	UNI UIL	- AND INA	I UNAL G		API No.			
Union Texas Petro	oleum Cor	p. At	tn: K	Ken Whi	.te						
ddress		m	77050	1							
P. O. Box 2120, 3		Texas	11252		Orl	net (Piease exp	Jain)			·· <del>-</del> · ··	
ew Well	<b>(4</b> )	Change is	Transpo	enter of:		KI (I KEWE EXP	uzin)				
ecompletion	Oil		Dry Ga								
hange in Operator	Casinghea	d Gas	Conden	nsate							
change of operator give name i address of previous operator					-				· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF WEI	I AND IE	A ST				1.					
PASE Name	Well No. Pool Name, Includ			ing Formation Kind (			of Lease FED Lease No. Federal or Fee SF 047039C				
Congress Lochman	Lochman 4E Basin			asin Da	akota State,			Federal of Fee SF 047039C			
ocation						10			***		
Unit LetterC	<u> </u>		_ Feet Fr	om The $\frac{Nc}{2}$	orth Lin	e and18	20 Fe	et From The _		Lin	
Section 18 Town	nship 28N	Ī	Range	109	. N	MPM. San	Juan			County	
500101 104	<u></u>		<u></u>							County	
I. DESIGNATION OF TR				D NATU							
ame of Authorized Transporter of O	" _	or Conde	nsale		Access (Gr	<b>ve aaaress</b> lo w	nich approved	copy of this for	rm is to be si	ent)	
lame of Authorized Transporter of Casinghead Gas or Dry			or Dry	Gas X	Address (Gir	e address to w	hich approved	copy of this for	m is to be s	ent)	
nion Texas Petroleum Rudy Gathering Sys			stem	375 Ū	S Hwy 64	, Fármi	gton, M	87401			
well produces oil or liquids, /e location of tanks.	Unit	Sec.	Twp.	Rge.				When ?			
	hat for any cat	ne leser e-		<u> </u>	YES			4-21	-89		
his production is commingled with to COMPLETION DATA	nat from any our	er lease of	poor, giv	e consumb	ing order mun	DET:	<del></del>				
		Oil Wel	1 (	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completi		Ì.	Ĺ_		<u> </u>	1	<u> </u>	<u>i i</u>		<u>i</u>	
ite Spudded	Date Comp	pl. Ready to	o Prod.		Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of P	mducine F	ormation		Top Oil/Gas	Pay	<del></del>	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
rforations			•					Depth Casing	Shoe		
	<del></del> -	TIDDIC	CACD	NIC AND	CENCENTT	NC PECOL	) T				
UO E 817E	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE		CASING & TOBING SIZE			52, 11, 52			OAOKS OEMENT			
MECON DATA AND DECL	TECT FOR	TLOW	ADIE					· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQU				oil and must	he equal to o	r exceed ton all	lowable for the	s depth or he fo	e full 24 hou	<del>*</del>	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank   Date of Test						ethod (Flow, p		<b>P</b> •	73.)		
	1							ן נען		IV	
ength of Test	Tubing Pressure			Casing Pressure			Chole Size	5			
anual Bood Daming Tast		ION Phil				Water - Bbls.			CON	1000	
ctual Prod. During Test	Oil - Bbls.				Water - Dors	•		Gas- MCF		1989	
TAC WITCH I					·			UIL	COM	. DIV	
GAS WELL ctual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nsate/MMCF	_ <del></del>	Gravity of Co	.DIST.	3	
	•									_	
sting Method (pitot, back pr.)	Tubing Pre	essure (Shu	t-in)		Casing Press	ure (Shua-in)		Choke Size		· ·	
					·						
I. OPERATOR CERTIF	-			<b>ICE</b>			VICEDI/	ATION E	אוואפור	N	
I hereby certify that the rules and rules and rules are been complied with					1		40LI1V	ATION L	7101010	<b>/</b> 13	
Division have been complied with is true and complete to the best of			FED BOOVE	=	n=1	. A	- d	JUL 10	1989		
1/	1.				Date	Approve		A			
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Signature	DEC DE	י ייידואיםי	ממטטי		by -			ISION DI	STRICT	# 2	
Printed Name	REG PE		COORD Title		Title	,	44. 5111	-010N DI	PINICI	# G	
7-7-89	(713		<b>-40</b> 04		Title			<del></del> -			
Date		Tel	ephone N	¥o.	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.