

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.A. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PERMITS OFFICE | |

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

RECEIVED

JUN 26 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
OIL CON. DIV
DIST. 3

I.

| | |
|--|--|
| Operator Union Texas Petroleum Corporation | |
| Address 375 US Highway 64, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|------------------|
| Lease Name Reid A | Well No. 2 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee | Lease NM04375 |
| Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1090</u> Feet From The <u>West</u> Line of Section <u>01</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> Co | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco, Inc. Surface Trans. | P. O. Box 1429, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Sunterra Gas Gathering Company | P. O. Box 1809, Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit Sec. Twp. Rge. L 01 30N 13W | |

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Robert C. Frank
(Signature)
Permit Coordinator
(Title)
June 24, 1987
(Date)

OIL CONSERVATION DIVISION

JUN 26 1987

APPROVED _____, 19____
BY Emil J. [Signature]
TITLE SUPERVISION 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 dry well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of data.
Separate Form C-104 must be filed for each pool in a completed wells.

IV. COMPLETION DATA

| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
|------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|------------|
| 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 (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 | |
| Date First New Oil Run To Tanks | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |