

Permit Offices  
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, Artesa, NM 88210

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator \_\_\_\_\_ Well API No. \_\_\_\_\_  
Union Texas Petroleum Corporation  
Address \_\_\_\_\_  
P.O. Box 2120 Houston, TX 77252-2120  
Reason(s) for Filing (Check proper box):  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Operator  Casinghead Gas  Condensate   
Other (Please explain) \_\_\_\_\_  
If change of operator give name and address of previous operator \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

Lease Name \_\_\_\_\_ Well No. \_\_\_\_\_ Pool Name, Including Formation \_\_\_\_\_ Kind of Lease \_\_\_\_\_ Lease No. \_\_\_\_\_  
Jaquez 1 Blanco (Mesaverde) State, Federal or Fee SF078510  
Location \_\_\_\_\_  
Unit Letter N 1020 Feet From The South Line and 1160 Feet From The West Line  
Section 6 Township 31N Range 8W, 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) \_\_\_\_\_  
Meridian Oil Incorporated P.O. Box 4289, Farmington, New Mexico 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) \_\_\_\_\_  
Union Texas Petroleum Corporation P.O. Box 2120, Houston, Texas 77252-2120  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?

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

### 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 full to the hole.)  
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 (puce, 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.

Signature Ken E. White  
Printed Name Ken E. White Title Reg. Permit Coord.  
Date 10-16-89 Telephone No. (713)968-3654

### OIL CONSERVATION DIVISION

OCT 23 1989

Date Approved \_\_\_\_\_

By Bruce D. Chang

Title SUPERVISOR DISTRICT #2

### 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.