

Submittal 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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1900 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. _____
Address _____

P.O. Box 2120 Houston, TX 77252-2120

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: _____ Other (Please explain) _____
Recommendation ☐ Oil ☒ Dry Gas ☒
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nordhaus Well No. 1A Pool Name, including Formation Blanco (Mesaverde) Kind of Lease State, Federal or Fee Lease No. SF078508
Location Unit Letter F 1850 Feet From The North Line and 1470 Feet From The West Line
Section 13 Township 31N Range 09W NMPM, San Juan Country

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 Studded	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 for full 24 hours.)

Date First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) DECEIVED
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size 1"
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF 0072.81347

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 _____

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.

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

OIL CONSERVATION DIVISION

Date Approved OCT 23 1989
By [Signature]
Title SUPERVISOR DISTRICT #3

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.