

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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

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

I. Operator  
Union Texas Petroleum Corporation

Well API No.

Address  
P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
Recompletion ☐ 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 Oxnard Well No. 1A Pool Name, including Formation BLANCO Mesaverde Kind of Lease State, Federal or Fee Lease No. SF078510  
Location  
Unit Letter C Feet From The Line and Feet From The Line  
Section 8 Township 31N Range 08W NMPM SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499  
Name of Authorized Transporter of Casinghead Gas Sunterra Gas Gathering Co. ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125  
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 for full 24 hours.)

| 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 (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.

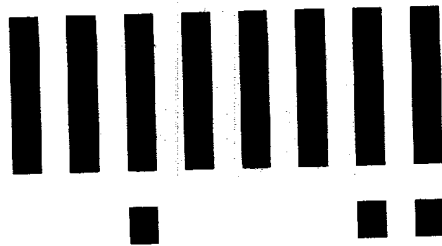
Signature Annette C. Bisby Env. & Reg. Sec'try  
Printed Name Annette C. Bisby Title (713) 968-4012  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989  
By SUPERVISOR DISTRICT # 3  
Title

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.



**LTR**



**Job separation sheet**

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TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. \_\_\_\_\_

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Operator ☐ Change in Transporter of: ☐ Oil ☒ Dry Gas ☐ 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 Oxnard Well No. 1A Pool Name, including Formation BASIN Dakota Kind of Lease State, Federal or Fee Lease No. SF078510  
Location Unit Letter C : \_\_\_\_\_ Feet From The \_\_\_\_\_ Line and \_\_\_\_\_ Feet From The \_\_\_\_\_ Line  
Section 8 Township 31N Range 08W NMPM, SAN JUAN County

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

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|-------------------------------------|-----------------------------|----------------------|----------|-----------|----------|-------------------|-----------|------------|-----------|
| 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 for full 24 hours.) |                 |                                               |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------|------------|
| 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 (prior, 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 Annette C. Bisby Env. & Reg. Sec'rtry  
Printed Name Annette C. Bisby Title (713) 968-4012  
Date 8-7-89 Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989

By [Signature]  
SUPERVISION DISTRICT # 3

Title \_\_\_\_\_

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