

Permit Offices
Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT
1000 Rio Brazos Rd., Aztec, NM 87410

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

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

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. _____
Nordhaus 6A Basin (Dakota) State, Federal or Fee SF078508
Location _____
Unit Letter D 1120 Feet From The North Line and 990 Feet From The West Line
Section 1 Township 31N Range 09W 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, _____ Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? _____ When? _____
give location of tanks.

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

OIL CONSERVATION DIVISION

Date Approved OCT 23 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.