

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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

JUN 19 1987

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

OIL CON. DIV. 1

I.

Operator
Union Texas Petroleum Corporation
Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☒ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCord	Well No. 5E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease SF078212
Location Unit Letter <u>0</u> : <u>950</u> Feet From The <u>South</u> Line and <u>1725</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>30N</u> Range <u>13W</u> NMPM, San Juan Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Sunterra Gas Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1809 Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>0</u> <u>27</u> <u>30N</u> <u>13W</u> Is gas actually connected? When

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

Permit Coordinator

June 17, 1987

OIL CONSERVATION DIVISION
JUN 19 1987
APPROVED *Frank*
BY *Frank*
SUPERVISOR DISTRICT 3

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or drilled well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all 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 Forms C-104 must be filed for each pool in a completed well.

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 of able for this depth or be for full 24 hours)

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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size