

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| OPERATOR | |
| PERMITS OFFICE | |

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 26 1987

OIL CON. DIV.

DIST. 3

I. Operator
Union Texas Petroleum Corporation

Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

| | |
|--|---|
| <input type="checkbox"/> New Well | Change in Transporter of: |
| <input type="checkbox"/> Recombination | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Change in Ownership | <input checked="" type="checkbox"/> Dry Gas |
| | <input type="checkbox"/> Casingshead Gas |
| | <input type="checkbox"/> Condensate |

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------|-----------------|--|--|-----------------------|
| Lease Name Reid A | Well No. 2E | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee | Lease NMO 4375 |
| Location | | | | |
| Unit Letter D | : 905 | Feet From The North | Line and 1020 | Feet From The West |
| Line of Section 01 | Township 30N | Range 13W | NMPM, | San Juan |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco, Inc. Surface Trans. | P. O. Box 1429, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Sunterra Gas Gathering Company | P. O. Box 1809, Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit D | Sec. 01 |
| Twp. 30N | Range 13W |

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.

Permit Coordinator

June 24, 1987

OIL CONSERVATION DIVISION

APPROVED JUN 26 1987

BY

TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or dry well, this form must be accompanied by a tabulation of the dry tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able 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 con

Separate Forms C-104 must be filed for each pool in a completed wells.

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, CR, 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/MMCF | Gravity of Condensate |
| Testing Method (pust, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |