

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NOV 19 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐ Dry Gas
☐ Casinghead 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. 14E	Pool Name, including Formation Basin Dakota	Kind of Lease Fed	Lease No. NM-030555
Location Unit Letter <u>N</u> ; <u>1080</u> Feet From The <u>south</u> Line and <u>1617</u> Feet From The <u>west</u> Line of Section <u>3</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. <u>1</u> Unit <u>N</u> Sec. <u>3</u> Twp. <u>30N</u> Rge. <u>13W</u>	Is gas actually connected? <u>No</u> When <u>Approx. December 1986</u>

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
(Signature)
Permit Coordinator
(Title)
10/29/86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 19 1986
BY Original Signed by FRANK T. CHAVEZ
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/3/86	Date Compl. Ready to Prod. 10/16/86		Total Depth 6485		P.B.T.D. 6435				
Elevations (DF, RKB, RT, GR, etc.) 5720 GL, 5732 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6278		Tubing Depth 6413, SN 6381				
Perforations Total 20 - 0.34" @ 6278', 94', 95', 6311', 35', 36', 56', 63', 69', 71', 73', 75', 77', 79', 81', 83', 85', 87', 89', 91'.				Depth Casing Shoe 5-1/2" @ 6484					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		8-3/8		321		225 C1 "B"			
7-7/8		5-1/2		6484		1500			
		2 3/8		6413					

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 allowable 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 2620	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1301	Casing Pressure (Shut-in) 1569	Choke Size 3/4