

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum	Well API No.
Address 375 US Highway 64, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seymour	Well No. 10	Pool Name, including Formation Sedro Canyon Fruitland	Kind of Lease State, Federal or Fee	Lease No. SF078505
Location Unit Letter <u>K</u> : <u>1660</u> Feet From The <u>South</u> Line and <u>1794</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>31N</u> Range <u>9W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Meridian Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>Farmington</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Union Texas Petroleum	Address (Give address to which approved copy of this form is to be sent) 375 US Highway 64, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					NO	

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
		XX						
Date Spudded 8/27/87	Date Compl. Ready to Prod. 11/7/87	Total Depth 3230	P.B.T.D. 3225					
Elevations (DF, RKB, RT, GR, etc.) 6401 GL, 6413 KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3192	Tubing Depth 3139					
Perforations 3195-3223 perforated (3192-3225 slotted liner)			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	9-5/8	617	400 sx (472 cu ft)					
8-3/4	7	3192	320 sx (749 cu ft)					
6-1/4 underreamed to 13"	4-1/2 liner	3134-3225	N/A Gravel Packed					
	2-3/8	3139						

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 18	Length of Test 24	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 50	Choke Size 3/4

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 William K. Cooper Production Manager

Printed Name 12/26/89 Title (505) 325-3587
Date Telephone No.

OIL CONSERVATION DIVISION
DEC 28 1989

Date Approved

By Supervisor

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.