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

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corp. Well API No. \_\_\_\_\_

Address P. O. Box 2120 - Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Operator ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) \_\_\_\_\_

If change of operator give name  
and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McCord</u>	Well No. <u>2-E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078214</u>
Location Unit Letter <u>C</u> : <u>860</u> Feet From The <u>north</u> Line and <u>1550</u> Feet From The <u>west</u> Line Section <u>34</u> Township <u>30N</u> Range <u>13W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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)				
Giant Refining Company		P. O. Box 256 - Farmington, NM 87499				
Name of Authorized Transporter of Casinghead 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)				
Gas Company of New Mexico		P. O. Box 1899 - Bloomfield, NM 87413				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	34	30N	13W	No	Not determined

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>3/4/89</u>	Date Compl. Ready to Prod. <u>SI 4/18/89</u>		Total Depth <u>7225'</u>		P.B.T.D. <u>7185'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5681' GR</u>	Name of Producing Formation <u>Basin Dakota</u>		Top Oil/Gas Pay		Tubing Depth <u>7098'</u>			
Perforations <u>6960-7089'</u>					Depth Casing Shoe <u>7223'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>475'</u>	<u>250</u>
<u>8 3/4"</u>	<u>4 1/2"</u>	<u>7223'</u>	<u>1804</u>
	<u>2 3/8" Tbg.</u>	<u>7098'</u>	<u>---</u>

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

RECEIVED

JUN 28 1989

OIL CON. DIV.

DIST. 3

GAS WELL

Actual Prod. Test - MCF/D <u>2276</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF <u>Trace</u>	Gravity of Condensate <u>NA</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1732</u>	Casing Pressure (Shut-in) <u>1735</u>	Choke Size <u>3/4"</u>

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 Kay L. Morgan Permit Coordinator  
Printed Name Kay L. Morgan Title  
Date June 23, 1989 Telephone No. 713/968-4008

OIL CONSERVATION DIVISION

Date Approved JUL 27 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT 3

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.