Submit 5 Copies
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 III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRAN	ISP(ORT OIL	AND NAT	URAL GA					
Operator Tours a Datum County						Well API No.					
Union Texas Pe	troleum	Corp.									
P.O. Box 2120	Hous	ton, T	Х	77252-23	120					·	
Reason(s) for Filing (Check proper box)						t (Please expla	in)				
New Well		Change in T	•								
Recompletion \square	Oil Casinghead		Ory Ga Conder								
Change in Operator f change of operator give name	Candida	<u> </u>									
nd address of previous operator	 ,										
I. DESCRIPTION OF WELL A									· · · · · · · · · · · · · · · · · · ·		
Lease Name Well No. Pool Name, Including					-		Kind of Lease State, Federal or Fee		Lease No. SF078439		
Johnson Federa	J.,	24		Basib F	ruitland	Loa I			1 3507	0439	
Unit LetterA	. 820)	Feet F	rom The	N Line	and 89	5 Fe	et From The	Ε	Line	
		 .								_	
Section 12 Township	30N		Range	<u>9V</u>	, N	ирм,	San Jua	<u> </u>		County	
III. DESIGNATION OF TRANS	SPORTER	OF OU	L AN	ID NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Condens		XX	Address (Giw	e address to wh				u)	
Meridian Oil I	nc.							iton, NM 87499			
Name of Authorized Transporter of Casing						e address to wh				1	
El Paso Natura If well produces oil or liquids,	L1 1 430 114 641 41 443 441					Farmington, NM 87499					
give location of tanks.		i	p.			, 					
If this production is commingled with that f	rom any othe	r lease or p	ool, gi	ive commingli	ing order numi	ber:					
IV. COMPLETION DATA		louw u		O - W B	l 197.11		I D	Div Dask	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	i	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Kes v	Dill Kes v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
					T 0:1/C		-				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<u> </u>										
V. TEST DATA AND REQUES	ST FOR A	LLOWA	RELE	S Soil and must	he equal to o	r exceed top all	loumble for th	is death or he	for full 24 hou	75.)	
OIL WELL (Test must be after n Date First New Oil Run To Tank						ethod (Flow, p				DE PARTS COMPANY AND ADMINISTRATION OF THE PAR	
IDEE OF TOX								_ X	EGE	VE	
Length of Test	Tubing Pre	ssure			Casing Press	ure		Charlesize	: . (~~ In	
Actual Prod. During Test				Water - Bbls.			JAN 0 8 1990 Gas- MCF				
Actual Front During Test	Oil - Bbls.							OIL CON. DIV			
GAS WELL	<u>- l</u>								DIST.	· ·	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	neate/MMCF		Gravity of		<u> </u>	
								C - b - C:-			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
THE COURSE A STORY OF THE COURSE OF THE COUR	A TITE OF	COM	T T A	NCE	- r	 _					
VI. OPERATOR CERTIFIC						OIL COI	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JAN 08 1990					
is true and complete to the best of my knowledge and belief.					Date	Date Approved					
Il me Cullita						1					
Signature Supplied County					By_	[
Ken E. White Reg. Permit Coord.							SUPER	IVISOR	ISTRICT	#3	
Printed Name 1/4/90	17	13)968	Title 36 – 3		Title	-					
Date 1/4/9()			sphone								

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.