

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Union Texas Petroleum Corp.	Well API No. 30-045-27577
Address P.O. Box 2120 Houston, TX 77252-2120	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input 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 Nordhaus	Well No. 7A	Pool Name, Including Formation Blanco MV	Kind of Lease State, Federal or Fee	Lease No. SF-078508
Location Unit Letter <u>P</u> : <u>1120</u> Feet From The <u>East</u> Line and <u>1120</u> Feet From The <u>South</u> Line Section <u>1</u> Township <u>31N</u> Range <u>9W</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meredian Oil Inc.</u>	<u>P.O. Box 4289, Farmington, NM 87499</u>
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)
<u>Union Texas Petroleum Corp.</u>	<u>P.O. Box 2120, Houston, TX 77252-2120</u>
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
		X	X					
Date Spudded <u>9-1-89</u>	Date Compl. Ready to Prod. <u>11-17-89</u>	Total Depth <u>6117</u>	P.B.T.D. <u>6074</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6506 GR</u>	Name of Producing Formation <u>Mesaverde</u>	Top Oil/Gas Pay <u>5006</u>	Tubing Depth <u>5916</u>					
Perforations <u>5650-5956' Pt. Lookout, 5006-5444' Cliffhouse</u>			Depth Casing Shoe <u>5916</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>392'</u>		<u>210</u>			
<u>8 3/4</u>	<u>7</u>		<u>3700'</u>		<u>400</u>			
	<u>2 3/8</u>		<u>5916</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, Lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D <u>1712</u>	Length of Test <u>7 days</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) <u>130</u>	Casing Pressure (Shut-in) <u>400</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 Ken E. White Regulatory Permit Coord.
Printed Name Ken E. White Title 1-22-90
Date 1-22-90 Telephone No. 713/968-3654

**OIL CONSERVATION DIVISION
MAR 16 1990**

Date Approved _____
By Barry J. Shoup
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.