

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	BASF Corporation	Well API No.	300458717000S1
Address	Five Post Oak Park, Suite 800 Houston, Texas 77027		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	* Merger of BASF Corporation and Wintershall Corporation effective August 1, 1989.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>		
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator	Wintershall Corporation Five Post Oak Park, Suite 2000 Houston, Texas 77027		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Ute Mtn. Ute 67	Well No.	222	Pool Name, including Formation	Basin Dakota	Kind of Lease **	State, Federal or Fee	Lease No.	MOO-C-1420-438
Location	Unit Letter F : 164 <sup>5</sup> / <sub>8</sub> Feet From The North Line and 15 <sup>6</sup> / <sub>8</sub> Feet From The West Line								
Section	27	Township	31N	Range	14W	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 checked="" type="checkbox"/>	Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 256 Farmington, NM 87449					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	BASF Corporation	Address (Give address to which approved copy of this form is to be sent)	Five Post Oak Park, Ste. 800 Houston, TX 77027					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 27	Twp. 31N	Rge. 14W	Is gas actually connected?	Yes	When ?	3-18-89

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

*Charmaine Stone*  
Signature  
Charmaine Stone Regulatory and Production Analyst Supervisor  
Printed Name  
9-1-89 Date  
(713) 850-2509 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 18 1989  
By *Burt D. Chang*  
SUPERVISION 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.