

| | |
|------------------|-----|
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOURS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

MAR 24 11 03 AM '67

I. OPERATOR

Operator
 Union Texas Petroleum Corporation

Address
 1300 Wilco Bldg., Midland, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|---------------|--|---|-------------------|
| Lease Name Carlson "A" | Well No. 6 | Pool Name, Including Formation Justis (Montoya) | Kind of Lease State, Federal or Fee Federal | Lease No. 0766 |
|---------------------------|---------------|--|---|-------------------|

Location
 Unit Letter J 1650 Feet From The south Line and 1650 Feet From The east

Line of Section 25 Township 25-S Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico |

| | | | | | | |
|--|-----------|------------|-------------|-------------|-----------------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 25 | Twp. 25S | Rge. 37E | Is gas actually connected? Yes | When |
|--|-----------|------------|-------------|-------------|-----------------------------------|------|

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|------------------------------------|--|----------|----------|----------|--------|-----------|-------------|--------------|

| | | | |
|---|--|-------------------------|---------------------------|
| Date Spudded 12-16-65(deepening) | Date Compl. Ready to Prod. 1-20-66 | Total Depth 7000 | P.B.T.D. 6955 |
| Elevations (DF, RKB, RT, GR, etc.) 3068 DF | Name of Producing Formation Montoya | Top Oil/Gas Pay 6921 | Tubing Depth 6916 |
| Perforations | | | Depth Casing Shoe 6965 |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4 | 9-5/8 | 851 | 400 |
| 8-3/4 | 7 | 5910 | 253 |
| 6-1/4 | 5-1/2" liner | 6965 | 75 |
| | 2-3/8 | 6916 | |

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 Tanks | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. W. Manry
 Assistant Dist. Prod. Supt.
 March 21, 1967

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply