

NEW MEXICO OIL CONSERVATION COMMISSION.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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| DATE RECEIVED |
| DISTRICT |
| COUNTY |
| CITY |
| STATE |
| LAND OFFICE |
| TRANSPORTER |
| OPERATION |
| PACKAGING OFFICE |
| Operator |

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| UNION TEXAS PETROLEUM | |
| Address 1800 Wilco Building - Midland, Texas 79701 | |
| Reason for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: <input checked="" type="checkbox"/> Change well name and number |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> from: Jacobs Federal No. 10 (Battery 2) |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 8-1-69 |
| If change of ownership give name and address of previous owner | |

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|-------------------------------|----------|--------------------------------|-------------------------------|------------------------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Milnesand Unit | 310 | Milnesand - San Andres | State, Federal or Fee Federal | LC060978 |
| Location | | | | |
| Unit Letter | 1980 | Feet From The North | Line and 1909 | Feet From The West |
| Line of Section | 19 | Township | 8-S | Range 35-E, NMPM, Roosevelt County |

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|--|------|------|------|--|----------------------------|---------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | | | Address (Give address to which approved copy of this form is to be sent) | | |
| Mobil Pipeline Company | | | | Box 900 Dallas, Texas 75221 | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | | Address (Give address to which approved copy of this form is to be sent) | | |
| Warren Petroleum Corporation | | | | Box 1589 - Tulsa, Oklahoma 74102 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | C | 19 | 8-S | 35-E | yes | July 30, 1963 |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | |

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|--------------------------------------|-----------------------------|----------|----------|-----------------|----------|--------|-------------------|--------------|---------------|
| TV. COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| Date Spudded | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | |
| Elevations (OF, RND, 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 | | |
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| V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Ran To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Duration of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| Signature | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. During Test | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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| VII. CERTIFICATION OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED <u>21 1969</u> , 19 | |
| Signature | | BY <u>[Signature]</u> | |
| Title | | TITLE <u>FOR DISTRICT</u> | |
| 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 completed wells. | | | |