NO. OF COPIES REC	E 1 V E D	}	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.		Ĭ	
LAND OFFICE			
TRANSPORTER	OIL		
IMANSFORTER	GAS		L
OPERATOR			
BRODATION OF	FICE	ł	ł

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
[15 Supersedes Old C-104 and C-110
[CERTIFICATION 1-1-65]

L	FILE			ia.	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL 🗥 🗓			
	LAND OFFICE	OIL			
	TRANSPORTER OIL				
	GAS	_		OIL COM	
T	OPERATOR	_]		DIST.	
. [	PRORATION OFFICE			₩I.ŲI.	
Operator					
Bristol Resources Corporation					
	3601 E. 51st. Sui	te B, Tulsa, OK 74135			
			Other (Please explain)		
	Reason(s) for filing (Check proper bo	Change in Transporter of:	Gine, in react on pre-my	ļ	
-	New We!!	Oil Dry Gas			
İ	Recompletion	Casinghead Gas Condens			
Į	Change in Ownership X				
1	If change of ownership give name	Union Pacific Resources C	ompany 1000 louisiana	Suite 3000 Houston TX	
1	and address of previous owner	Union Pacific Resources L	ompany, root rours rand,	77002	
		TEACE		,,,,,,	
ا ا	DESCRIPTION OF WELL AND Lease Name	Well No.   Pool Name, Including Fo	ormation Kind of Leas	l i	
	<del>-</del>	2 Chaveroo (Sai	1	sl cr Fee State NM 5144	
ļ	State 5-8-33	2 Cliaver 00 (Sai	II Alia es /		
-	Location 66	0 Nonth	and 660 Feet From	The East	
١	Unit Letter A : 00	O Feet From The North Line	and reet / tom		
		ownship 8-S Range	33-E , NMPM,	Chaves County	
Į	Line of Section 5 T	ownsuib 9-3			
	DECICALATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	s $TA$		
۱.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
	Mobil Pipeline	<del></del>	1		
	Name of Authorized Transporter of C	asinghead Gas Y or Dry Gas	Address (Give address to which appro		
	Gities Service Compa	•	Box 300, Tulsa, Oklai	noma 74102	
		Unit Sec. Twp. P.ge.	is gas actually connected? Wi	nen	
	If well produces oil or liquids, give location of tanks.	G 5 8-S 33-E	Yes	6-17-66	
		with that from any other lease or pool,	give comminging order names.		
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty	
	Designate Type of Complet	$x_{ion} = (X)$			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded				
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (B1), KRB, K1, OK, etc.				
	Perforations			Depth Casing Shoe	
	Fallorations				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT	
	HOLE SIZE				
		FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load or	il and must be equal to or exceed top allow	
٧.		able for this de	epth or be for full 24 hours)		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Date blief Men On Man 10 1 mm		<u> </u>		
	Length of Test 9	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Leet 4				
	Actual Prod. During Test	Oil-Bble.	Water - Bbis.	Gae - MCF	
	Actual Float During 100,				
	CAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	tanistid Marines (hunes) and a hour				
		ANGE	OIL CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given the best of my knowledge and belief.		FED	1 0 1989		
		APPROVED FEB	Signed hy		
		Orig. Signed 55			
	Commission have been compiled with and that the intermediate and belief. above is true and complete to the best of my knowledge and belief.		BY Paul Kauts Geologist		
	•		TITLE		
	,			- compliance with BULE 1104.	
	lu Oin	1	This form is to be filed	in compliance with RULE 1104.  lowable for a newly drilled or deepen	
	ALLE KUDO		If this is a request for al	TOMEDIA IOL & HAMIT WILLIAM	

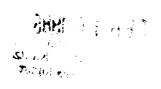
Sue D	ù pleu	``
Sue Dipley	(Signofure) Administrative	Manager
	(Title) 9/30/88	

(Date)

well, this form must be accompanied by a tabulation of titlets taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II, lill, 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 multiple completed wells.



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