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| 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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-105

Effective 1-1-65

I.

| | |
|--|---|
| Operator Union Texas Petroleum Corporation | |
| Address 1300 Wilco Bldg., Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box, 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 Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|--|--------------------------------------|---------------------|
| Lease Name New Mexico | Well No. Pool Name, including Formation 1 Undesignated Com-San Andres | Kind of Lease State XXXXXXXXXXXXX | Lease No. K-2018 |
| Location Unit Letter D 660 Feet From The north Line and 660 Feet From The west | | | |
| Line of Section 2 Township 8-S Range 31-E, NMPM, Chaves 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"/> | Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Box 3119, Midland, Texas | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) None | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 2 | Twp. Rge. 8-S 31-E |
| | 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't. | Diff. Res't. |
| | | X | | X | | | | | |
| Date Spudded 10-7-67 | Date Compl. Ready to Prod. 10-27-67 | Total Depth 4059 | | P.B.T.D. 4-35 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4328 DF | Name of Producing Formation San Andres | Top Oil/Gas Pay 3138 | | Tubing Depth 4031 | | | | | |
| Perforations 3881-3890, 3932-3948, 3956-3972, 3984-3992, 4008-4022 68 (3/8") holes 1 per foot | | | | Depth Casing Shoe 4059 | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4 | | 8-5/8 | | 500 | | 300 sx cmt circ. | | | |
| 7-7/8 | | 4-1/2 | | 4059 | | 300 sx | | | |
| | | 2-3/8 | | 4031 | | | | | |

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 10-28-67 | Date of Test 11-12-67 | Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1 1/2" x 14' RWAC | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test | Oil-Bbls. 42 | Water-Bbls. 5 | Gas-MCF TSTM |

GAS 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 |

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.


(Signature)

Well Tester

(Title)

11-16-67

Date

OIL CONSERVATION COMMISSION

APPROVED

NOV 20 1967

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 multiple