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| OPERATOR | | |
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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

| | |
|---|---|
| Operator Union Pacific Resources Company | |
| Address 1400 Smith Street, Suite 1500, Houston, TX 77002 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input 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"/> |
| Company name change only. | |

If change of ownership give name and address of previous owner Champlin Petroleum Company, 1400 Smith St., #1500, Houston, TX 77002

| | | | | |
|---|---------------|---|--|-------------------------|
| Lease Name Featherstone-Federal | Well No. 1 | Pool Name, Including Formation Baum (Upper Penn) | Kind of Lease State, Federal or Fee Federal | Lease No. NM-06171-A |
| Location | | | | |
| Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East | | | | |
| Line of Section 6 Township 14-S Range 33-E , NMPM, Lea County | | | | |

| | | | | | | |
|--|-----------|--|--------------|--------------|----------------------------------|------|
| 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) | | | | |
| Tex-New Mexico Pipe Line | | P. O. Box 1510, Midland, TX 79701 | | | | |
| 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 | | P. O. Box 1589, Tulsa, OK 74102 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 6 | Twp. 14-S | Rge. 33-E | Is gas actually connected? No | When |

If this production is commingled with that from any other lease or pool, give commingling order number:

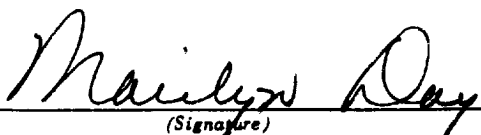
| | | | | | | | | | |
|--------------------------------------|--|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | 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 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|---------------------------------|--|-----------------|---|------------|
| 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 |

| | | | | |
|----------------------------------|--|---------------------------|---------------------------|-----------------------|
| 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)
Marilyn Day, Technical Aide
(Title)
October 1, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 20 1987, 19__

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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.

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