

NO. OF COPIES RECEIVED		
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-110
Effective 1-1-65

Operator Union Texas Petroleum Corp.	
Address 1300 Wilco Bldg., Midland, TX 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 Barnhill	Well No. 1	Pool Name, Including Formation South King (Devonian)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 1650 Feet From The South Line and 990 Feet From The West Line of Section 1 Township 14-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"/> Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 838, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 1	Twp. 14-S	Rge. 37-E	Is gas actually connected? Yes	When 8-31-83

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-296

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 5-17-83	Date Compl. Ready to Prod. 8-31-83	Total Depth 12,745		P.B.T.D. 12,745					
Elevations (DF, RKB, RT, GR, etc.) 3831' GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,706		Tubing Depth 9007					
Perforations 12,706 - 12,718; 12,657 - 12,670				Depth Casing Shoe 12,744					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		405		500 sx CL C				
12 1/4	8 5/8		4,668		2200 sx CL C				
7 7/8	5 1/2		12,744		2975 sx CL H				

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 Run To Tanks 8-31-83	Date of Test 9-7-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24hr	Tubing Pressure 500#	Casing Pressure 90#	Choke Size 14/64"
Actual Prod. During Test	Oil-Bbls. 389	Water-Bbls. 0	Gas-MCF 300

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.

Karen Friday
(Signature)

Prod. Analyst

(Title)

9-9-83

(Date)

OIL CONSERVATION COMMISSION

SEP 12 1983

APPROVED _____ 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

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 completed wells.

RECEIVED

SEP 12 1983

O.C.P.
HOBBS OFFICE