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Production Services Supervisor

November 9, 1983

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

UNION TEXAS PETROLEUM CORPORATION Address 1. Operation
TRANSPORTER OIL
I PROMATION OFFICE OPERATOR I PROMATION OFFICE OPERATOR UNION TEXAS PETROLEUM CORPORATION Address I PROMATION OFFICE UNION TEXAS PETROLEUM CORPORATION Rescent(s) for tiling (Check proper box) New Well Recompletion Oil
OPERATOR
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Description Comparison Co
UNION TEXAS PETROLEUM CORPORATION Address 1400 Wilco Bldg., Midland, TX 79701 Reason(s) for filing (Cheek proper boxy New Well Reaconpletion OI X Change in Transporter of: OI X Cry Gas Casinshead Gos Casinshead Go
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Recompletion Change in Onereship give name and address of previous owner If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lesse Name Post 2 South King (Devonian) State, Federal or Fee Post 1. Description Unit Letter M 700 Feet From The South Line and 467 Feet From The West Line of Section Township 145 Range 37F, NMFM, 68 II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of CIL Township Address (Give address to which approved copy of this form is to be warren petroleum Name of Authorized Transporter of Cit City Gas Address (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas Address (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas Address (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas Address (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas Address (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas Address (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas (Give address to which approved copy of this form is to be warren Petroleum Name of Authorized Transporter of City Gas (Give address to which approved copy of this form is to be warren Petroleum Address to which approved copy of this form is to be warren Petroleum Address to which approved copy of this form is to be warren Petroleum Address to which approved copy of this form is to be warren Petroleum Address to which approved copy of th
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Address of New Address to Match approved to the Address to Match approved copy of this form is to be address to Match approved copy of this form is to be Warren Petroleum Name of Authorized Transporter of Casinghead Gas A or Dry Gas BOX 1589, Tulsa, OK 74102 If well produces oil or liquids, give location of tarks. M 1 14S 37E Yes 11-5-83 If this production is commingled with that from any other lease or pool, give commingling order number: CTB-296 V. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Elevations /DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil, Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD Total Depth SET SACKS CEMEN TUBING CASING A TUBING SIZE DEPTH SET SACKS CEMEN OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size
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Ggs-MCF
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Actual Prod. During Test Oil-Bbis.
GAS WELL
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Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
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OIL CONSERVATION COMMISSION
NOV 1 4 1983
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given
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. DISTRICT SUPERVISOR
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. DISTRICT I SUPERVISOR TITLE
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. BY
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. BY
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. DISTRICT I SUPERVISOR TITLE

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.

Section Forms C-104 must be filed for each pool in multiply

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HOUSS OFFICE