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-116
Effective 1-1-65

NOTE: CHANGE OF OPERATOR EFFECTIVE JANUARY 1, 1985

I.

Operator

Union Texas Petroleum Corporation

Address

4000 N. Big Spring, Suite 500, Midland, Texas 79705

Reason(s) for filing *(Check proper box)*				
New Well ☐	Change in Transporter of:		Other *(Please explain)*	
Recompletion ☐	Oil ☐	Dry Gas ☐	Change of Operator Only.	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐		

If change of Operator give name
and address of previous Operator ____ Florida Exploration Company, Suite 300, ClayDesta Towers East, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation Permo Upper	Kind of Lease	Lease No.
Superior State	1	Townsend Wolfcamp	State, Federal or Fee State	B-10629

Location

Unit Letter J ; 3606.1 Feet From The North Line and 1993.8 Feet From The East

Line of Section 3 Township 16 South Range 35 East , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Texas New Mexico Pipeline Company	Box 52332, Houston, Texas 77052
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, OK

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	3	16	35		

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'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

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)*

OIL WELL

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

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.

/William A. Higgins
(Signature)

Regulatory Compliance Coordinator
(Title)

January 3, 1985
(Date)

OIL CONSERVATION COMMISSION

JAN - 8 1985

APPROVED _____, 19 ____

BY ____ ORIGINAL SIGNED BY JERRY SEXTON

TITLE ____ DISTRICT I SUPERVISOR

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.