

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

MAY -9 '90

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ultramar Production Company Well API No. 11/A DISTRICT OFFICE

Address 16825 N. Chase, Suite 1200, Houston, TX 77060

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator Union Texas Petroleum Corp., P.O. Box 2120, Houston, TX 77252-2120

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
<u>Shipp 27</u>	<u>1</u>	<u>Casey (Strawn)</u>	<u>Fee</u>	

Location  
Unit Letter 0 : 1980 Feet From The East Line and 660 Feet From The South Line  
Section 27 Township 16S Range 37E 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Trading &amp; Transportation</u>	<u>P.O. Box 1295, Midland, TX 79702</u>

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)
<u>Tiberary Corporation J L Davis</u>	<u>P.O. Box 3179, Midland, TX 79702</u>

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 27 Twp. 16S Rge. 37E Is gas actually connected? Yes When? 5-19-75

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
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Perforations	Depth Casing Shoe
<u> </u>	<u> </u>

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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 too allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
<u> </u>	<u> </u>	<u> </u>

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
<u> </u>	<u> </u>	<u> </u>	<u> </u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Testing Method (Duck, Duck Dr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u> </u>	<u> </u>	<u> </u>	<u> </u>

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Polly A. Koontz Supervisor of Regulatory Affairs  
Printed Name Polly A. Koontz Title 713/874-0700  
Date 5/3/90 Telephone No.  

OIL CONSERVATION DIVISION

Date Approved MAY 17 1990

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title  

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

**RECEIVED**

**MAY 16 1990**

**OCD  
HOBBS OFFICE**