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U.S.G.S.			<u> </u>
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR		<u> </u>	<u> </u>
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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CHANGE OF OPERATOR EFFECTIVE SEPTEMBER 25, 1984 NOTE: PRORATION OFFICE Operator Union Texas Petroleum Corporation Address 4000 N. Big Spring, Suite 500, Midland, Texas 79705 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Change of Operator Only Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership Operator
If change of *** Operator give name and address of previous *** Operator Enstar Petroleum Company, A Division of Enstar Corporation P. O. Drawer 3546, Midland, Texas 79702 OPERATOR II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Fee West Knowles Drinkard Shipp "34" 1 Location West 1980 South Feet From The Line and 1980 Feet From The Unit Letter K Lea County 37E NMPM. 16S 34 Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 1142, Midland, TX 79702 Getty Trading and Transportation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas \overline{X} or Dry Gas 500 W. Illinois, Midland, TX 79701 Tipperary Corp. When Is gas actually connected? Twp. Poe. Unit If well produces oil or liquids, give location of tanks. 6/3/75 Yes 37E 34 16S K If this production is commingled with that from any other lease or pool, give commingling order number: Plug Back | Same Resty. Diff. Resty IV. COMPLETION DATA Workover Gas Well New Well Oil Well Designate Type of Completion -(X)Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bble. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE SEP 25 1984 APPROVED 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 This form is to be filed in compliance with RULE 1104.

OPERATIONS MANAGER (Title) September 17, 1984

(Date)

If this is a request for allowable for a newly drilled or deepen-well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multis