

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-11  
Effective 1-1-65

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Union Texas Petroleum Corporation	
Address P. O. Box 2120 <i>Houston, TX 77262</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Other (Please explain)	

If change of operator give name and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Shipp "34"</i>	Well No., Pool Name, Including Formation <i>2 Lovington-Paddock R-8667</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location			
Unit Letter <i>M</i>	<i>660</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i>		
Line of Section <i>34</i>	Township <i>16S</i>	Range <i>37E</i>	NMPM, <i>Lea</i> 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"/> <i>Texas Trading and Transportation</i>	Address (Give address to which approved copy of this form is to be sent) <i>P. O. Box 1142, Midland, TX 79702</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Tipperary Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>500 W. Illinois, Midland, TX 79701</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>K</i>	Sec. <i>34</i>
	Twp. <i>16S</i>	Rge. <i>37E</i>
	Is gas actually connected? <i>Yes</i>	When <i>7-10-75</i>

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir, Diff. Reservoir <input type="checkbox"/>
Date Spudded <i>5-23-75</i>	Date Compl. Ready to Prod. <i>1-28-88</i>	Total Depth <i>8475</i>		F.B.T.D. <i>8425</i>				
Elevations (DF, RKB, RT, GR, etc.) <i>3773 GR</i>	Name of Producing Formation <i>Paddock</i>	Top Oil/Gas Pay <i>6385</i>		Tubing Depth <i>6405</i>				
Perforations <i>6385-6410'</i>		Depth Casing Shoe <i>8475</i>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>1-28-88</i>	Date of Test <i>2-7-88</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hour</i>	Tubing Pressure <i>--</i>	Casing Pressure <i>--</i>	Choke Size <i>--</i>
Actual Prod. During Test	Oil - Bbls. <i>8</i>	Water - Bbls. <i>17</i>	Gas - MCF <i>0</i>

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.

*Lin White*  
(Signature)

Regulatory Permit Coordinator

(Title)

*3-2-88*

(Date)

OIL CONSERVATION COMMISSION

APPROVED *APR 8 1988*, 19

BY *Orig. Signed by Paul Kautz*  
TITLE *Geologist*

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 multiply