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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-110
Effective 1-1-65

NOTE: CHANGE OF OPERATOR EFFECTIVE SEPTEMBER 25, 1984

I. OPERATOR

Operator: Union Texas Petroleum Corporation

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

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Dry Gas <input type="checkbox"/>	Other (Please explain) Change of Operator Only
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		

If change of ~~operator~~ give name and address of previous ~~operator~~
Operator Enstar Petroleum Company, A Division of Enstar Corporation
OPERATOR P. O. Drawer 3546, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Shipp "27"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Casey Strawn</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>P</u> <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>					
Line of Section <u>27</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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>Getty Trading and Transportation</u>	<u>P. O. Box 1142, 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>Tipperary Corp.</u>	<u>500 W. Illinois, Midland, TX 79701</u>
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>27</u> Twp. <u>16S</u> Rge. <u>37E</u> Is gas actually connected? <u>Yes</u> When <u>2/10/83</u>

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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								

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	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.

Henry E. Davis
(Signature)
OPERATIONS MANAGER
(Title)
September 17, 1984
(Date)

OIL CONSERVATION COMMISSION
SEP 25 1984, 19____

APPROVED _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DIRECTOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-