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Appropriate District Office
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Ultramar Production Company		N/A
Address		
16825 Northchase, Ste. 1200 - Houston, Texas 77060		
Reason(s) for Filing (Check proper box)		
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
McClure "E"	1	Denton (Wolfcamp)	State, Federal or <u>Fee</u>	Fee
Location				
Unit Letter	0	860	Feet From The	S
Section	14	Township	15-S	Range
			37-E	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)
Navajo Refining	☒	P.O. Drawer 159 - Artesia NM 88210
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
J.L. Davis	☒	P.O. Box 3179 - Midland, TX 79702
If well produces oil or liquid, give location of lease	Unit	Sec.
	G	14
		15S
		37E
		yes
		3-22-84

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 Comp. Ready to Prod.		Total Deepen		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

OIL WELL (Test must be after recovery of total volume of leased 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbl.	Water - Bbl.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbl. Condensate/MCF	Gravity of Condensate
Testing Method (puck, back pr.)	Tubing Pressure (SGL-in)	Casing Pressure (SGL-in)	Choke Size

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 correct to the best of my knowledge and belief.

Signature
Tanya Gordon - Regulatory Assistant

Printed Name
1-29-91 713/874-0700 Title

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

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.