

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1600 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ultramar Production Company		Well API No. N/A
Address 16825 Northchase, Ste. 1200 - Houston, Texas 77060		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change is Transporter of:	
Recompleteness ☐	Oil ☐	☒ Dry Gas
Change is Operator ☐	Casinghead Gas ☐	Condensate ☒
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name McClure "F"	Well No. 1	Pool Name, including Formations Denton (Wolfcamp)	Kind of Lease State, Federal ☒	Lease No. Fee
Location Unit Label <u>P</u> : <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u> Line Section <u>14</u> Township <u>15-S</u> Range <u>37-E</u> , <u>NMTPM</u> 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) 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) P.O. Box 3179 - Midland, TX 79702	
If well produces oil or liquids, give location of tanks	Unit <u>G</u>	Sec. <u>14</u>
	Twp. <u>15S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u>	
	When? <u>2-11-85</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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Comp. 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				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 liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Runs 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 - Bbls	Water - Bbls	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls Condensate/MCF	Gravity of Condensate
Flowing Method (pump, back pr.)	Tubing Pressure (Sgls-in)	Casing Pressure (Sgls-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 complete to the best of my knowledge and belief.

Signature
Tanya Gordon - Regulatory Assistant
Printed Name
1-29-91 713/874-0700
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.