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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

I. Operator
Union Texas Petroleum Corporation

Address
4000 N. Big Spring Street, Suite 500, Midland, Tx 79705

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-18-87
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name and address of previous owner
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 Shipp 34	Well No. 3	Pool Name, Including Formation Casey (Strawn) 6/1/87	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 660 Feet From The West Line and 510 Feet From The South Line of Section 34 Township 16-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading and Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1295, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J.L. Davis	Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 34	Twp. 16	Rge. 37	Is gas actually connected? No	When March 24, 1987

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-8-87	Date Compl. Ready to Prod. 3-17-87	Total Depth 11516			P.B.T.D. 11474				
Elevations (DF, RKB, RT, GR, etc.) 3775 - GL	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,174			Tubing Depth 11216				
Perforations 11271 to 11374 Overall						Depth Casing Shoe 11516			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				
17 1/2	13 3/8"	398			450 -Circ-				
11	8 5/8"	4188			1450 -Circ-				
7 7/8"	5 1/2"	11516			1525 TOC 3250'				
						DV tool at 7994'			

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 3-18-87	Date of Test 3-20-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 365 PSIG	Casing Pressure 0 PSIG	Choke Size 2 1/4" CHOKE
Actual Prod. During Test 497	Oil - Bbls. 497	Water - Bbls. 0	Gas - MCF 396

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.


(Signature)

Area Production Superintendent

(Title)

March 20, 1987

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 20 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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

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MAR 20 1987

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