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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Upland Production Company  
Address P.O. Box 481, Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Request test allowable for Sept. of 1500 Barrels of oil.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>Nellis Federal</u>	<u>3</u>	<u>Wildcat Bone Spring</u>	State, Federal or Fee <u>Fed</u>
Location			Lease No. <u>077002</u>
Unit Letter <u>F</u>	: <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u>		
Line of Section <u>6</u>	Township <u>19-S</u>	Range <u>33-E</u>	County <u>Lea</u>

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>Amoco Production Trucks</u>	<u>P.O. Box 1183, Houston, Tx. 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>6</u> Twp. <u>19-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>No</u> When <u>After Test</u>

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

COMPLETION DATA			
Designate Type of Completion -- (X)	<u>X</u>	Oil Well <input checked="" 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 Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded <u>8-8-83</u>	Date Compl. Ready to Prod.	Total Depth <u>13,715</u>	P.B.T.D. <u>9215</u>
Elevations (DF, RKB, RT, GR, etc.) <u>KB 3700</u>	Name of Producing Formation <u>Bone Spring</u>	Top Oil/Gas Pay <u>8842</u>	Tubing Depth <u>8878</u>
Perforations <u>8842-8850, 8898-8919, 9078-9085'</u>			Depth Casing Shoe <u>13710</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>Recompletion-Casing was not altered.</u>			

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 oil loadable 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION <b>SEP 16 1983</b>	
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.		APPROVED _____, 19____	
<u>Michael Hedrick</u> (Signature) <u>VICE PRESIDENT</u> (Title) <u>9-13-83</u> (Date)		BY <u>OIL &amp; GAS INSPECTOR</u> TITLE _____	
		This form is to be filed in compliance with RULE 11.1. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 11.1. 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 conditions. Separate Forms C-104 must be filed for each pool in multi-recompleted wells.	