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

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

DISTRICT III  
1000 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

Operator UNIT PETROLEUM COMPANY		Well API No. 30-025-25117
Address P. O. BOX 702500, TULSA, OKLAHOMA 74170-2500		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
EFFECTIVE 01/01/95		
If change of operator give name and address of previous operator AMERICAN NATIONAL PETROLEUM COMPANY, P.O. BOX 27725, HOUSTON, TX 77227-7725		

II. DESCRIPTION OF WELL AND LEASE

Lease Name UNION STATE	Well No. 1	Pool Name, Including Formation Larica (Morrow) (Gas)	Kind of Lease State, Federal or Fee	Lease No. K-5303
Location Unit Letter K : 1650 Feet From The S Line and 1650 Feet From The W Line Section 3 Township 19S Range 34E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT ENERGY	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 4666 Houston Tx 77210-4666		
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline Co. of America	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 283 Houston Tx 77001		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 19S	Rge. 34E
		Is gas actually connected? Yes		When? 3-5-76

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

IV. COMPLETION DATA

OPER. OGRID NO. 115970	DETAILED OGRID NO. 007440	Water PDP	Same Res'v	Diff Res'v
PROPERTY NO. 16307	DETAILED OGRID NO. 015029	837050		
POOL CODE 79800	OIL POD NO. 837010			
	GAS POD NO. 837030			
EFF. DATE			Shoe	
API NO. 30-025-25117				

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 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/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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  
Philip M. Keeley, Sr. V.P.-Production  
Printed Name  
12/15/94  
Date  
(918) 493-7700  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 010 28 1994  
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