

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator UNIT PETROLEUM COMPANY	Well API No. 30-025-27181
Address P. O. BOX 702500, TULSA, OKLAHOMA 74170-2500	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" 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 New Mexico B State	Well No. 1	Pool Name, Including Formation Scharb (Bone Springs)	Kind of Lease State, Federal or Fee	Lease No. K-5303
Location				
Unit Letter H	: 1980	Feet From The N	Line and 660	Feet From The E
Section 3	Township 19S	Range 34E	NMPM, LEA	County

III. 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)
NAVAJO REFINING CO. PIPELINE DIV	P.O. BOX 159, Artesia NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WARDEN PETROLEUM CORP	Box 1589 Tulsa OK 74102
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	H   3   19S   34E   Yes   1-11-82

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

IV. COMPLETION DATA

OPER. OGRID NO. 115421	Diff Res'v
PROPERTY NO. 103112	
POOL CODE 55610	
EFF. DATE 1-1-95	
API NO. 30-025-27181	
OIL POD 836711	GAS POD 836730
TRANSPORTER 103112	TRANSPORTER 341650
TRANSPORTER	TRANSPORTER
WATER POD 836750	

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 (pilot, 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  
Date 12/15/94  
Telephone No. (918) 493-7700

OIL CONSERVATION DIVISION

DEC 28 1994

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.