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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Corp.  
Address  
4000 N. Big Spring, Ste. 400, 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name No. Young Federal	Well No. 1	Pool Name, Including Formation Young (Bone Spring) North	Kind of Lease State, Federal or Fee Federal	Lease No. NM-63366
Location Unit Letter D ; 760 Feet From The North Line and 660 Feet From The West Line of Section 12 Township 18S Range 32E , NMPM, 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"/> Koch Services Inc	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1959, Midland, TX 79702			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11	Twp. 18S	Rge. 32E
	Is gas actually connected? Yes		When 7-28-87	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 6-15-87	Date Compl. Ready to Prod. 7-26-87		Total Depth 9210		P.B.T.D. 9207			
Elevations (DF, RKB, RT, GR, etc.), 3875 GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6500'		Tubing Depth 8391			
Perforations 8484-8524					Depth Casing Shoe 9207			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		604		748			
11	8-5/8		5071		1900			
7-7/8	5-1/2		9207		850			

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)

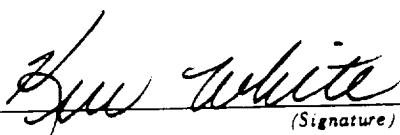
Date First New Oil Run To Tanks 7-26-87	Date of Test 7-29-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 325	Casing Pressure -0-	Choke Size 16-5/64
Actual Prod. During Test	Oil - Bbls. 235	Water - Bbls. 0	Gas - MCF 203

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)  
Regulatory Permit Coordinator  
(Title)  
7-29-87  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 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 completed wells.

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