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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

Operator UNION TEXAS PETROLEUM CORPORATION		
Address 1300 Wilco Building, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Filed to show connection of Grayburg-SA Zone
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Britt "B"	Well No. 2	Pool Name, Including Formation Eunice-Monument (Grayburg-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. 031621-B
Location Unit Letter N ; 330 Feet From The South Line and 1650 Feet From The West				
Line of Section 5 Township 20-S Range 37-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 5	Twp. 20-S	Rge. 37-E	Is gas actually connected? Yes	When 8-16-78

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/> In Oil Pool	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 3-27-53	Date Compl. Ready to Prod. 12-16-76		Total Depth 5711 Original		P.B.T.D. 3490			
Elevations (DF, RKB, RT, GR, etc.) 3545' DF	Name of Producing Formation Grayburg-SA		Top Oil/Gas Pay 3350		Tubing Depth 3302			
Perforations w/1 JSPF 3350'-3365' (Total 15 holes)					Depth Casing Shoe ---			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NA	13 3/8"	604'	550 Sx.
NA	8 5/8"	2999'	1500 Sx.
7 7/8"	5 1/2"	5710	600 Sx.

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 8-16-78	Date of Test 8-19-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 325#	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 0	Water-Bbls. 0	Gas-MCF 1100 MCF

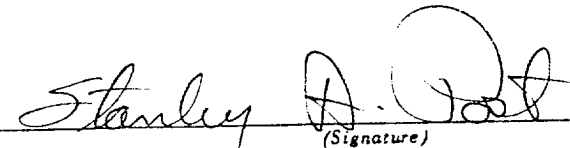
NOTE: THIS IS A GAS WELL IN AN OIL POOL.

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

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)
Senior Production Analyst
(Title)
August 22, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 24 1978, 19____
BY NATHAN E. CLEGG
TITLE OIL & GAS INSP.

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.