

Submit 5 Copies
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
En , 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

I.

Operator	UNION TEXAS PETROLEUM CORPORATION	Well API No.	N/A
Address P. O. BOX 2120 HOUSTON, TX 77252-2120			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blocker	Well No. 4	Pool Name, including Formation Justis (Padlock, Blinberry)	Kind of Lease Federal	Lease No. NM-0766
Location Unit Letter F : 2310 Feet From The N Line and 1980 Feet From The W Line Section 13 Township 25S Range 37E , 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)					
Texas-NM PPL	P.O. Box 2528, Hobb, NM 88240					
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)					
El Paso Natural Gas Co.	P. O. Box 1492 Jal, NM					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 13	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When? August, 1959

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-112

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X							X
Date Spudded 4/11/89	Date Compl. Ready to Prod. 4/20/89		Total Depth 7020		P.B.T.D. 4965 6050			
Elevations (DF, RKB, RT, GR, etc.) 3095	Name of Producing Formation Padlock-Blinberry-Tubb		Top Oil/Gas Pay 4915		Tubing Depth 5612			
Perforations 4915-5419, 5419-5499 5944-5990					Depth Casing Shoe 4815TA			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	560	450
12-1/4	9-5/8	3390	1325
8-3/4	7	7019	200

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 4/20/89	Date of Test 5/1/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 06	Water - Bbls. 52	Gas- MCF 25

GAS WELL Justis Tub/Drkd 31% 2 Bbls

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.

Ken White
Signature
Ken White Regulatory Permit Coordinator
Printed Name
5/1/89
Date

713/968-4004
Title
Telephone No.

OIL CONSERVATION DIVISION

MAY 9 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.