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U.S.G.S.		
LAND OFFICE		
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"/>	
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

THIS WELL HAS BEEN PLACED IN THE POOR
DESTINATION BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE		11-1-83
Lease Name Blocker	Well No. 4 Pool Name, Including Formation Justis (Paddock)	Lease No. NM-0766
Location Unit Letter F ; 2310 Feet From The North Line and 1980 Feet From The West Line of Section 13 Township 25-S Range 37-E, NMPM, Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation Permian (Eff. 9/1/87)	P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Co.	Box 1492 Jal., N.M.	
If well produces oil or liquids, give location of tanks.	Unit F Sec. 13 Twp. 25-S Rge. 37-E	Is gas actually connected? Yes	When July 1959

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		XXX					XXX		XXX
Date Spudded 7-12-83	Date Compl. Ready to Prod. 7-23-83	Total Depth 7-2-		P.B.T.D. 4965					
Elevations (DF, RKB, RT, GR, etc.) 3084 GL	Name of Producing Formation Paddock	Top Oil/Gas Pay 4915		Tubing Depth 4693					
Perforations 4915 - 4935				Depth Casing Shoe 7019					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2	13 3/8"	560'		450					
12 1/2	9 5/8"	3390'		1775					
8 3/4	7"	7019'		1050					

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)

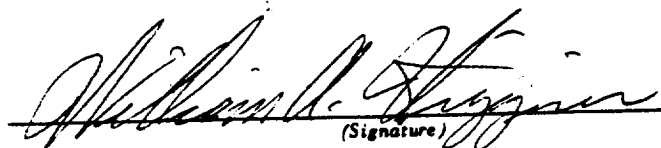
Date First New Oil Run To Tanks 7-23-83	Date of Test 8-9-83	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1 1/2" x 16'	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure 0	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 37	Gas - MCF 35

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)

Production Services Supervisor
(Title)

August 18, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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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