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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Langy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IO IN	411/2	PUNI UIL	- AND NA	I UNAL G					
Operator	-1 C						Well	API No.	11557		
Union Texas Petro	oream Cor	.μ .						30-025	-1133/	_	
Address P.O. Box 2120	Houston	ı, TX	772	252-2120							
Reason(s) for Filing (Check proper box					Oth	ет (Please exp	lain)				
New Well		Change in	Tran	sporter of:						•	
Recompletion	Oil		Dry	Gas							
Change in Operator	Casinghea	d Gas 🏻	Con	den sate							
f change of operator give name						-					
and address of previous operator							 .				
II. DESCRIPTION OF WEL	L AND LEA		1_			77 17 17	1 700		, , , , , , , , , , , , , , , , , , , ,		
Lease Name Blocker		Well No.	i	Name, includi	•		Conta	of Lease ${ m Fe}_{f C}$, Federal or ${ m Fe}_{f C}$	-	ease No.	
Location		, ,] 31	ustis (Pa	audock, .	prineper	Ly	<u> </u>	I Mar-	-0766	
Unit LetterE	. 2	2310	Feet	From The	N Lin	25 and 75	0 ,	eet From The	W	Line	
Omit Deale!	·		_ 100								
Section 13 Town	ship 259	S	Ran	ge 37E	, N	MPM,	Lea		•	County	
TI DECICNATION OF TO	Nepopte	D OF O	TT A	NITS NIATET	DAT CAS						
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conde		IND NATO		e address to w	hich approve	d copy of this	form is to be se	ent)	
Permian					P.O. Box 1183, Houston, TX 77001						
	inghead Gas	chead Gas XX or Dry G			 	Address (Give address to which approved			copy of this form is to be sent)		
Name of Authorized Transporter of Car Testacs Fred Texas New Mexico	Pipeline	<u>-</u>			P.O. Box 2528, Hobbs.			NM 88240			
If well produces oil or liquids,	Unit	Sec.	Twp	. Rge.	is gas actuali	y connected?	Whe	n ?			
ive location of tanks.	F	13		5S 37E		es n	HC =175	August as amei	1959		
this production is commingled with the	at from any oth	er icase or	pool,	give comming	ing order num	ber:	110 -173	as anter			
V. COMPLETION DATA	<u> </u>	Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Dive Beek	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	I X	· ;	Cas well	I INCM WEIL	WORKOVE!	X	i ring pack	Same Nes v	I X	
Date Spudded Date Co		mpl. Ready to Prod.			Total Depth			P.B.T.D.			
ADE DED DE CD					Top Oil/Gas	Pav		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 012 000	,		Tubing De			
Perforations					<u> </u>			Depth Casing Shoe			
											
	TUBING, CASING AND				CEMENTI				CACKS OF SEAT		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
			_			.		+			
. TEST DATA AND REQU	EST FOR A	LLOW	ABL	E	<u> </u>						
OIL WELL (Test must be afte	r recovery of to	tal volume	of loc	ad oil and must	be equal to or	exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	st			Producing Mo	ethod (Flow, p	ump, gas lift,	etc.)			
								Choke Size			
ngth of Test Tubing Pressure					Casing Press.	ire		CHOKE SIZE	Choro dile		
Actual Prod. During Test	Oil - Bbls.	IOIL Phie				Water - Bbis.			Gas- MCF		
South From Daning 1000	On - Bois.										
GAS WELL	. !	-			·						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of	Condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ire (Shut-in)		Choke Size	Choke Size		
	!										
VI. OPERATOR CERTIFI	CATE OF	COM	PLIA	ANCE					D. ((O)		
I hereby certify that the rules and re-	gulations of the	Oil Conser	vatio	n	(JIL COI	N2FH A		DIVISIO		
Division have been complied with a			en ab	ove				AP	₹2519	89	
is true and complete to the best of m	ny knowledge ar	nd belief.			Date	Approve	ed				
2/ 011/2	10							MAIA:		_	
FAM MILL					∥ By_		ORIG		NED BY JER		
Ken White	Regulator	ry Per	mit	Coordina	11			PISTRIC	T I SUPERV	SOR	
Printed Name			Title		Title						
	(713) 968			- NI-			-				
Date		Tele	epnoa	e No.	H						

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.



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