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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Union Texas Petroleum Corporation	Well API No. N/A 30-025-11537
Address P. O. Box 2120 Houston, Texas 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	

Downhole Commingled

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blocker	Well No. 5	Pool Name, including Formation Tubbs-Drinka Justis (Paddock, Blineberry)	Kind of Lease Federal State, Federal or Fee	Lease No. NM-0766
Location Unit Letter E : 2310 Feet From The N Line and 750 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 3/15/89	Date Compl. Ready to Prod. 3/18/89		Total Depth 5980		P.B.T.D. 5978			
Elevations (DF, RKB, RT, GR, etc.) 3085	Name of Producing Formation Paddock-Blineberry-Tubb		Top Oil/Gas Pay 4925		Tubing Depth 5635			
Perforations					Depth Casing Shoe 5978			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	561	500
12 1/4	8 5/8	3265	1850
7 7/8	5 1/2	5978	630

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 3/18/89	Date of Test 3/22/89	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 29	Water - Bbls. 52	Gas- MCF 56

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature  
Ken White Regulatory Permit Coordinator  
Printed Name  
3/29/89 713/968-4004  
Date  
Telephone No.

OIL CONSERVATION DIVISION

APR' 5 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.

**RECEIVED**

APR 4 1989

OCD  
HOBBS OFFICE