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NO. OF COPIES RECT			
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			-3
TRANSPORTER	OIL		
	GAS		L
OPERATOR			
PRORATION OFFICE			

Regul. Compl. Coord. (Title)

October 4, 1984 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65

L	FILE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Ĺ	U.\$.G.\$.							
	LAND OFFICE	-4						
ſ	TRANSPORTER OIL							
	GAS							
}	OPERATOR							
Ŀŀ	PRORATION OFFICE	<del>-  </del>						
I.	Operator							
- 1	Union Texas Petroluem Corporation							
	Address  (OOO N Die Coming Cuito 500 Midland TY 79705							
	4000 N. Big Spring, Suite 500, Midland, TX 79705							
[	Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well	ew Well Change in Transporter of:						
	Recompletion X		Oil Dry Gas	s 📙				
	Change in Ownership		Casinghead Gas Conden	sate				
	If change of ownership give n							
	and address of previous owne	er						
	DESCRIPTION OF WELL	AND	TACE					
11.	I. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease No.							
	Blocker 5 Justis (Paddock) State, Federal NM-076							
			3 00000					
	Location	2210	North	750	The West			
	Unit Letter;	2310	Feet From The North Lin	e and 750 Feet From	The West			
				7E	a County			
	Line of Section 13	Tov	vnship 25S Range 3	7E , NMPM, Le	a county			
III.	DESIGNATION OF TRANS	SPORT	<u> TER OF OIL AND NATURAL GA</u>	Address (Give address to which appro	and carry of this form is to be sent)			
	Name of Authorized Transporte							
	The Permian Co	rpor	ation permise (5H 0 / 1 /07)	P. O. Box 1183, Houst	on, TX //001			
	The Permian Co	r of Car	singhead Gas X or Dry Gas	Address (Give address to which appro				
	El Paso Natural Gas Co.		P. O. Box 1492, Jal,	P. O. Box 1492, Jal, NM				
			Unit Sec. Twp. Rge.	Is gas actually connected?	nen			
	If well produces oil or liquids, give location of tanks.		F 13 25S 37E	yes	Aug. 1959			
			<u> </u>	give commingling order number:	<del></del> -			
		gled wi	th that from any other lease or pool,	Sive committee order name				
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Cor	mpletic	on = (X)		x			
				Total Depth	P.B.T.D.			
	Date Spudded		Date Compl. Ready to Prod.		5025			
	9/18/84		9/23/84	5978 Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR	, etc.j			4965			
	3085 GR		Paddock	4925	Depth Casing Shoe			
	Perforations 4925 - 497/							
	4-12	کی کی ر						
				D CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET				
	17-1/2		13-3/8	561	500			
	12-1/4		8-5/8	3265	1850			
	7-7/8		5-1/2	5978	630			
					<u>i </u>			
	MERCH DATE AND DEAT	ret F	OR ALLOWARIE (Test must be t	after recovery of total volume of load or	il and must be equal to or exceed top allow			
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)							
	-		9/24/84	Pump 2" X 1-1/4" X 1 Casing Pressure	21			
	9/23/84 Length of Test		Tubing Pressure	Casing Pressure				
	24 hr. Actual Prod. During Test		Oil-Bble.	Water-Bbls.	Gas-MCF			
	Actual Prod. During 1991		15	5	15			
			<u> </u>					
	GAS WELL Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. 1001-MCF/D							
	- Control Labor Lack	<b></b> 1	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back p							
VI. CERTIFICATE OF COMPLIANCE  OIL CONSERVATION COMMISSION								
						API		
APPROVED	APPROVED							
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			with and that the information gives	BY ORIGINAL SIGNED BY JERRY SEXTON				
			ne pest of my knowledge and pelief.	DISTRICT   SUPERVISOR				
				TITLE				
				14	This form is to be filed in compliance with RULE 1104.			
	UI Muse	11,0	Buggin					
	(Signature)			tests taken on the well in ac	cordance 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.