

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

Oct 27 11 41 AM '66

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| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I. Operator
Union Texas Petroleum Corporation

Address
1300 Wilco Bldg., Midland, Texas

Reason(s) for filing (Check proper box)

| | | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |

Change of ownership eff. 8-1-66

If change of ownership give name and address of previous owner
Sunray DX Oil Company, 1100 Wilco Bldg., Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|--|--|-----|-----------|
| Lease Name Henry | Well No. 1 | Pool Name, including Formation Langlie Mattix Queen | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location | | | | | |
| Unit Letter L ; 2970 Feet From The N Line and 4620 Feet From The E | | | | | |
| Line of Section 26 Township 25-S Range 37-E , 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) | | | | |
| Shell Pipeline Company | Box 1910, Midland, Texas | | | | |
| 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 Company | Jal, New Mexico | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 26 | Twp. 25 | Rge. 37 | Is gas actually connected? When |
| | | | | | Yes Unknown (old) |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 5-27-38 | Date Compl. Ready to Prod. 7-30-38 | Total Depth 3325 | P.B.T.D. 3325 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3031 GL | Name of Producing Formation Queen | Top Oil/Gas Pay 3265 | Tubing Depth | | | | | |
| Perforation: | | | | | Depth Casing Shoe 3027 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | 13 | | 150 | | 50 | | | |
| 10" | 8-5/8 | | 1219 | | 100 | | | |
| 8" | 7 | | 3027 | | 150 | | | |
| | 2 | | 3272 | | - | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
AS TO THE WELL STATUS AND YOUR
FUTURE PLANS FOR THIS WELL.

GAS WELL

| | | |
|----------------------------------|---------------------------|---------------------------|
| Actual Prod. Test-MCF/D | Length of Test | 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.

L.H. Storn
(Signature)
District Production Superintendent
(Title)
9-21-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.