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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas 1-29-64

(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Union Texas Petroleum Corp. Stuart, Well No. 8, in SW/4 1/4 NW/4 1/4,
(Company or Operator) (Lease)

E, Sec. 11, T. 25-S, R. 37-E, NMPM. (North Justis (Blinebry) Pool)
Unit Letter

Lea County, New Mexico County. Date Spudded 11-29-63 Date Drilling Completed 12-25-63

Please indicate location:

D	C	B	A
Ex	F	G	H
L	K	J	I
M	N	O	P

Elevation 3125 DE(eat) Total Depth 6180 PBD

Top Oil/Gas Pay 5406 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5406-5645

Open Hole Depth 6180 Casing Shoe 5335 Tubing

OIL WELL TEST -

Natural Prod. Test: bbls, oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 207 bbls, oil, 15 bbls water in 10 hrs, min. Size 3/4"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidized W/2,000 & Frac W/20,000

Casing Tubing Date first new Press. 650 1250 oil run to tanks 1-20-64

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19.

UNION TEXAS PETROLEUM CORPORATION
(Company or Operator)

By: (Signature)

OIL CONSERVATION COMMISSION

By:

Title: District Clerk

Send Communications regarding well to:

Title

Name: Union Texas Petroleum Corporation

Address: Box 1859 - Midland, Texas