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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I. OPERATOR

Operator: UNION TEXAS PETROEUM CORPORATION

Address: 1300 Wilco Building-Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Miller Federal 33-Federal</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Tom-Tom (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-046153A</u>
Location: Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>7-S</u> Range <u>31-E</u> , NMPM, <u>Gloves</u> <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petroleum Co.-Trucks</u>	<u>4001 Penbrook, Odessa, Tx 79762</u>			
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)			
<u>Cities Service</u>	<u>Cities Service Bldg, Bartlesville, OK</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>33</u>	Twp. <u>7-S</u>	Rge. <u>31-E</u>
	Is gas actually connected?		When	
	<u>yes</u>		<u>10-6-82</u>	

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 <u>XXX</u>	Gas Well	New Well <u>XXX</u>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>9-14-82</u>	Date Compl. Ready to Prod.		Total Depth <u>4000'</u>		P.B.T.D. <u>4000'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4294 GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay		Tubing Depth			
Perforations <u>3844-3910</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>1515</u>		<u>900 sks</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>3999</u>		<u>400 sks</u>			
	<u>2 3/8</u>		<u>3944</u>					

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 <u>10-4-82</u>	Date of Test <u>10-7-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Producing - Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>----</u>	Casing Pressure <u>----</u>	Choke Size <u>----</u>
Actual Prod. During Test	Oil - Bbls. <u>251</u>	Water - Bbls. <u>63</u>	Gas - MCF <u>107</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Richard Atkey
(Signature)

Production Services
(Title)

10-15-82
(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.