١	DISTRIBUTIO			
.	SANTA FE			
	FILE			
	U.S.G.S.			
1.	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE		1	<u> </u>

(Title)
March 21, 1967

(Date)

NEW MEXICO OIL: CONSERVATION COMMISS. REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE AND AND AND THE TOTAL TO BE TO									
	U.S.G.S.									
	LAND OFFICE NAR ZU 11 03 AM 167									
	TRANSPORTER OIL	,	MAR Z4 H	U3 HN 91						
ļ	GAS	,								
ļ	OPERATOR									
1.	PRORATION OFFICE Operator	<u> </u>								
	Union Texas Petroleum Corporation									
}	Address									
	1300 Wilco, Midland, Texas									
}	Reason(s) for filing (Check proper box) Other (Please explain)									
	New We!1 Change in Transporter of: Recompletion Oil X Dry Gas									
	Change in Ownership Casinghead Gas Condensate									
	If change of ownership give name and address of previous owner			<u> </u>						
	•		,							
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	rmation K	ind of Lease		Lease No.				
	Lease Name	· · · · · · · · · · · · · · · · · · ·	_	ate, Federal or	Fee Federal	0766				
Carlson "A" 2 Justis (Montoya) State, Federal or Fee Federal 07										
		O south	990	Feet From The	east					
	Unit Letter I : 231	O Feet From The <u>South</u> Line	and	reet riom ine						
	Line of Section 25 Tov	vnship 25-S Range	37-E , NMPM,	Lea		County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to	1::2:	convertable form in to	ha sant				
	Name of Authorized Transporter of Oil		ł			be semi)				
	Shell Pipe Line Co		Box 1910, M. Address (Give address to	which approved	conv of this form is to	be sent)				
	'Name of Authorized Transporter of Cas		_		00p) 0) 11110 jame 10 01					
	El Paso Natural G		Jal, New Me							
	If well produces oil or liquids,	Unit Sec. Twp. Fige. J 25 25-S 37-E	Yes							
	give location of tanks.	<u></u>	L							
TW7	If this production is commingled wi	th that from any other lease or pool,	give commingling order n	ımber:						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen F	Plug Back Same Restv	Diff. Restv.				
	Designate Type of Completic	on - (X) X		1						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F	P.B.T.D.					
	4-3-59	2-1-66 (W.O.)	7275		6950 Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.) 3071 DF	Name of Producing Formation Montoya	Top Oil/Gas Pay 6921	'	693 0					
		Fioricoya	0,21	1	Depth Casing Shoe					
	Perforations 6930-32									
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	1	SACKS CEME	NT				
	17-1/2	13-3/8	577		500					
	12-1/4	9-5/8	3278		1400					
	8-3/4	7	7208		630					
		2-3/8	6930							
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume	of load oil and	d must be equal to or ex	ceed top allow-				
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow,	nump, gas lift.	etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Marinea (1 1921)	panip, a = = = = , , ,	,					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size					
	Early of Test									
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas - MCF					
	GAS WELL		Tail 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Gravity of Condensate					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity or Condensate					
•		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	(n)	Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In	Casing Freeze (
		011 0	ONSERVAT	ION COMMISSION						
VI	CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISSION								
		APPROVED, 19								
	I hereby certify that the rules and Commission have been complied									
	above is true and complete to the	is true and complete to the best of my knowledge and belief.			BY					
This form is to be filed in compliance with RULE 11 If this is a request for allowable for a newly drilled o well, this form must be accompanied by a tabulation of th						1104.				
						d or deepened				
	R. W. Manry (sk	nature)	well, this form must tests taken on the w	be accompant	ed hv a tabulation of	fife Goaratron				
	Assitant Dist. Pr	•	tests taken on the W	this form must	t be filled out comple	tely for allow-				
	Wastraur night	no. I a	All sections of	omeloted wall						

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