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SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		1	

Agent

February 11, 1966

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE		AND	Ac C. C.	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	A2	
LAND OFFICE	_	168 10 3	≥ 33 M 166	
TRANSPORTER OIL			00	
TRANSPORTER GAS				
PRORATION OFFICE				
Operator				
UNION TEXAS PETROLEUM	CORPORATION			
Address 1300 Wilco Building,	Midland, Texas			
Reason(s) for filing (Check proper box)	Tradition of the state of the s	Other (Please explain)		
New Well X (Deepened)	Change in Transporter of:			
Recompletion X	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condens	ate		
Change in Ownership	A .	1 11 - 11	11. 11. 1/4/	
If change of ownership give name / and address of previous owner	110 1111	12th Ist all		
DESCRIPTION OF WELL AND L	EASE   Well No.   Pool Name, Including For	mation Kind of Leas	e Lease No	
Lease Name		State, Federa	or Fee Federal NM 0766	
Carlson A	6 Justis Montoy	Justis-Monto	ya R-3080	
Location	- Couth	1/50		
Unit Letter J; 1650	Feet From The South Line	unu	<del></del> -	
0.5	nship 25South Range 37	East , NMPM,	Lea Count	
Line of Section 25 Town	Lemp 2 JOULLII			
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5	used conv of this form is to be sent)	
Name of Authorized Transporter of Oil	or Condensate			
Texas New Mexico Pip	e Line Co.	Box 1510 Midland, Tex Address (Give address to which appro	(AS	
Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas			
El Paso Natural Gas	Company	Box 1492, El Paso, To	exas	
	Unit Sec. Twp. Hige.	In age actually connected? When		
If well produces oil or liquids, give location of tanks.	J 25 25S 37E	YES		
If this production is commingled wit	h that from any other lease or pool, t	give commingling order number:		
If this production is commingled with COMPLETION DATA			Plug Back   Same Res'v. Diff. Re	
	Oil Well Gas Well	New Well Workover Deepen		
Designate Type of Completio		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	7000'	6955	
12/16/65 (deepening)	1/20/66	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	6921	6916	
3068 <sub>DF</sub>	Montoya	Depth Casing Shoe		
Perforations			6965	
6934-36	TIRING CASING AND	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE		851	400	
124	9-5/8	5910	253	
8-3/4		6965	75	
6½	5⅓ Liner			
	OR ALL OWARD DE COMMANDE	after recovery of total volume of load o	il and must be equal to or exceed top a	
. TEST DATA AND REQUEST F	OR ALLUWABLE (lest must be a able for this de	enth of he for full 44 nowe.		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tijt, etc./	
1/23/66	1/25/66	Pump	Chalco Stac	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	1		Gas-MCF	
24 hours Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	370	
	122.5	40.8		
163.3				
CAS WET V			Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF Gravity of Condensate		
	_	403-4-1	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chora size	
Towns in the second sec			TION COMMISSION	
COMPLIATE OF COMPLIAT	NCE	OIL CONSER	VATION COMMISSION	
I. CERTIFICATE OF COMPLIA	<b></b>	THE STATE OF THE S	, 19	
معالم عليه عليه معالم معا	regulations of the Oil Conservation	APPROVED		
I hereby certify that the rules and Commission have been complied	with and that the information given he heat of my knowledge and belief.	BY		
above is true and complete to t	with and that the information gives he best of my knowledge and belief.			
, /		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.