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DISTRIBUTION	NEW MEXICO OU	CONIGEDVIATION COMMISS	
SANTA FE	REQUEST FOR ALLOWARLE Supers		Form C-104 Supersedes Old C-104 and C-11
FILE	-	AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
		·	2 8 20 AM SCE
GAS		,	···· 03
OPERATOR PROBATION OFFICE			
Operator			
Union Texas	Petroleum Corporatio		
	idland, Texas		
Reason(s) for filing (Check proper box)	Other (Please explain)	,
New Well X	Oil Change in Transporter of:	as	
Change in Ownership		ensate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease
McGuffin Location		Wildcat	State, Federal or Fee Fee
-	BO Feet From The West L	Ine and 660 Feet From	The North
Line of Section 30 , Toy	waship 9-S Range 3	3-Е , NMPM,	Lea County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	oved copy of this form is to be sent)
Name of Authorized Transporter of Oil		2003 Wilco Bldg. 1	
McWood Corporat Name of Authorized Transporter of Cas	singhead Grs [_] er Fry Gas [_]	Address (Gr e address to which appr	oved copy of this form is to be sent)
	ket available now	Is gas activilly connected?	hen
If well produces oil or liquids, give location of tanks.	C 30 9-S 33E		nen
If this production is commingled wi			<u></u>
V. COMPLETION DATA	Oil Well Cas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Designate Type of Completion		X	9085
Date Spudded	Date Compl. Ready to Frad.	Total Derth	P.B.T.D.
5-19-1965	7-20-1965	9583 Top Oil, Gas Pay	9085 Tubing Depth
Wildcat	Bough "C"	9065	9050
Perforations	'Hole per. ft. (11)	halaa	Depth Casing Shoe 9583
9067-9077 (1) 378		ID CEMENTING RECORD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	367	350
11		3669	935 350
7-7/8	<u>5-1/2</u> 2-3/8	<u>9583</u> 9050	530
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load of	il and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hows) Freducing Method (Flow, pump, gas	lift, etc.)
7-24-1965	7-24-1965 to 7-25-	65 Flow	
Length of Test	Tubing Fressure	Casing Pressure	Choke Size
<u>Actual Prod. During Test</u>	1000# PSI	Water - Bhls,	<u>16164''</u> Gas-MCF
491.28	466.72	24.56	630.4
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		APPROVED, 19	
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	e best of my knowledge and belief	BY	
		TITLE	
Am lin	, the		compliance with RULE 1104.
(Signature)		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	
Well Test Supervisor		tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
7-27-1965	ate)	Fill out Sections I, II, II well name or number, or transpo	I, and VI only for changes of owner, orter, or other such change of condition
(D	urc /		et he filed for each neel in multiply

Separate Forms C-104 must be filed for each pool in multiply completed wells.