

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE D.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-164
 Supersedes Old C-164
 Effective 1-1-55

AUG 11 10 09 AM '67

I. OPERATOR

Operator
 Union Texas Petroleum Corporation

Address
 1300 Wilco Building, Midland, Texas

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

New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baskett	Well No. 4	Pool Name, including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter N	660	Fees From The South	Line and 1980	Fees From The West
Line of Section 11	Township 8 - S	Range 30 E	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	Box 900 Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit K Sec. 11 Twp. 8-S Rge. 30-E Is gas actually connected? no When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-19-66	Date Compl. Ready to Prod. 12-1-66	Total Depth 3600	P.B.T.D. 3562					
Elevations (DF, RKB, RT, GR, etc.) 4134 GL est	Name of Producing Formation San Andres	Top Oil/Gas Pay 3478	Tubing Depth 3419					
Perforations 3478-3508, 3538-3557 1 hole per ft.	49 holes		Depth Casing Shoe 511 & 3596					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	511'	300 sx. - circ.					
7 7/8"	4 1/2"	3596'	500 sx TC @ 2141'					
	2 3/8"	3419'	Pkr at 3351'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-1-66	Date of Test 12-1-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure Pkr	Choke Size 32/64"
Actual Prod. During Test 184	Oil - Bbls. 138	Water - Bbls. 46	Gas - MCF TSTM

GAS WELL

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

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY J. W. Hansen

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 deviated 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 change of owner...

J. W. Hansen
 (Signature)
 Production Clerk
 (Title)
 August 10, 1967