

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

REQUEST FOR ALLOWABLE, C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Union Texas Petroleum Corporation	
Address 1300 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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		UNDESIGNATED Vada-Pennsylvanian	
Lease Name State "25"	Well No. 1	Pool Name, Including Formation Inbe (Permo, Penn.)	Kind of Lease State, XXXXXXXXX
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East			
Line of Section 25 Township 10 S Range 33 E , NMPM, Lea County			

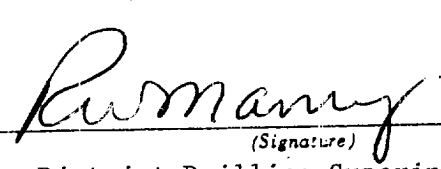
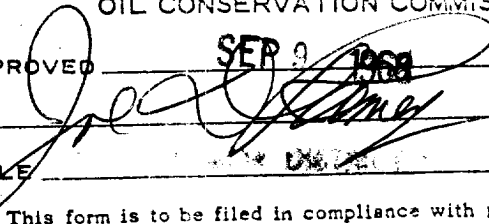
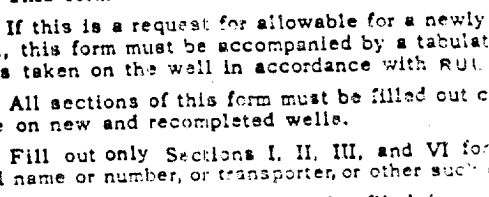
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipe Line Company	Address (Give address to which approved copy of this form is to be sent, 3411 Knoxville Ave., Lubbock, Texas					
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 G	Sec. 25	Twp. 10-S	Rge. 33-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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Resv. <input type="checkbox"/>		
Date Spudded 7/24/68	Date Compl. Ready to Prod. 9/1/68	Total Depth 9975	P.B.T.D. 9942
Elevations (DF, RKB, RT, GR, etc.) 4209 GR	Name of Producing Formation Penn.	Top Oil/Gas Pay 9917	Tubing Depth 9890
Perforations 9917-29	Depth Casing Shoes 9971		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	367'	350 Sacks Cmt. Circ.
11"	8 5/8"	3998'	535 Sacks Cmt. T.C. @ 2420'
7 7/8"	5 1/2"	9971'	500 Sacks Cmt. T.C. @ 7730'
	2 3/8"	9890	

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 8/31/68	Date of Test 9/1/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 175	Casing Pressure Pkr.	Choke Size 34/64"
Actual Prod. During Test 314.49	Oil-Bbls. 298.77	Water-Bbls. 15.72	Gas-MCF 217

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		OIL CONSERVATION COMMISSION	
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.		APPROVED SEP 9 1968, IS	
 (Signature) District Drilling Superintendent (Title) September 6, 1968 (Date)		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 multiple completed wells.	