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DISTRIBUTION	1 1	. N	EW MEXICO OIL	CONSERV
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FILE		1	A A new York had had not	AND
U.S.G.S.		ALITHOR	ZATION TO T	
LAND OFFICE		ASTROK	ENTION TO 1	TOTAL STATE
TRANSPORTER -	OIL GAS			
OPERATOR		1		
PRORATION OFFIC	E			
Operator		' <u>-</u>		
Union Te	xas Petro	leum Corpor	ation	
Address				 -
1300 Wil	co Blds	Midland, T	exas 79701	
Reason(s) for filing (Ch	eck proper box	, <u> </u>		
New Well	_	Change in T	ansporter of:	
Recompletion]	Oil	Dry	Gas
Change in Ownership		Casinghead (Gas 🔽 Cor	ndensate
If change of ownership and address of previous				
I. DESCRIPTION OF Lease Name	WELL AND	LEASE	ol Name, Includin	~ Formation
_		1 !	Vada, Penn	g 1 01=110
State "8"		12	vada, 1 ciiii	
_	4.4	0 -	Cauth	
Unit Letter	;00	O Feet From T	he_SOUTH_	Line and
Line of Section	8 Tow	enship 10-S	Range	34-E
Line of Section	0 10.			
I. DESIGNATION OF	TRANSPORT	TER OF OIL A	ND NATURAL	GAS
I. DESIGNATION OF ' Name of Authorized Tro	TRANSPORT	TER OF OIL A. or Cond	ND NATURAL ensate	GAS Address
Name of Authorized Tra	msporter of CII	or Cond	ensate 🔲	Address
Name of Authorized Tra Service Pit	msporter of CII	or Cond	ensate 🔲	GAS Address 3111 Address
Name of Authorized Tra	msporter of CII ce <u>Line Co</u> insporter of Cas	or Cond	ensate 🔲	Address Address
Service Pir	maporter of CII De Line Co Insporter of Cas Toleum Cor	or Cond	ensate 🔲	Address 3411
Name of Authorized Tra Service Pir Name of Authorized Tra	maporter of CII De Line Co Insporter of Cas Toleum Cor	or Cond o. Amore P single and Gas X poration	ensate	Address 3lill Address Box I
Service Pir Service Pir Name of Authorized Tra Warren Petr If well produces oil or give location of tanks. If this production is c	maporter of Cilone Line Consporter of Case Coleum Corniquida,	or Cond on Single-ord Gas X rooration Unit Sec.	or Dry Gas	Address Box J Is gas as
Service Pir Service Pir Name of Authorized Tra Warren Petr If well produces oil or give location of tanks. If this production is c	maporter of Cilone Line Consporter of Case Coleum Corniquida,	or Cond on Singhed Gas X rooration Unit Sec. L 8	Twp. Rge.	Address Box I Is gas as No ol, give com
Name of Authorized Tra Service Pir Name of Authorized Tra Warren Petr If well produces oil or give location of tanks. If this production is a	maporter of Cilipe Line Comporter of Case Cornel Co	or Cond or Con	or Dry Gas	Address Box I Is gas as No ol, give com
Name of Authorized Tra Service Pir Name of Authorized Tra Warren Petr If well produces oil or give location of tanks. If this production is concern to the content of tanks. Designate Type	maporter of Cilipe Line Comporter of Case Cornel Co	or Cond or Con	or Dry Gas	Address Box I Is gas as No ol, give com
Name of Authorized Transport of Authorized Transport of Authorized Transport of Warren Petr If well produces oil or give location of tanks. If this production is a COMPLETION DAT	maporter of Cilipe Line Comporter of Case Cornel Co	or Cond or	or Dry Gas	Address 31:11 Address Box 1 Is gas at No ol, give com
Name of Authorized Tra Service Pir Name of Authorized Tra Warren Petr If well produces oil or give location of tanks. If this production is concern to the concern period of tanks. Designate Type	maporter of Ciline Composition Common Composition Comp	or Cond or	or Dry Gas	Address 31:11 Address Box 1 Is gas at No ol, give com
Name of Authorized Trace Service Pin Name of Authorized Trace Warren Petr If well produces oil or give location of tanks. If this production is a COMPLETION DAT Designate Type Date Spudded	maporter of Ciline Composition Common Composition Comp	or Cond on Con	or Dry Gas	Address 31:11 Address Box 1 Is gas at No ol, give com New Wel
Name of Authorized Transport Service Pin Name of Authorized Transport Warren Petr If well produces oil or give location of tanks. If this production is c V. COMPLETION DAT Designate Type Date Spudded	maporter of Ciline Composition Common Composition Comp	or Cond on Con	or Dry Gas	Address 31:11 Address Box 1 Is gas at No ol, give com New Wel
Service Pin Name of Authorized Tro Warren Petr If well produces oil or give location of tanks. If this production is c V. COMPLETION DAT Designate Type Date Spudded Elevations (DF, RKB, R	maporter of Ciline Composition Common Composition Comp	or Cond on Con	or Dry Gas Twp. Rge 10	Address 3lill Address Box I Is gas at No ol, give com I New Wel Total De
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Name of Authorized Transport of Authorized Transport of Authorized Transport of Authorized Transport of Marren Petr If well produces oil or give location of tanks. If this production is a COMPLETION DAT Designate Type Date Spudded Elevations (DF, RKB, F)	maporter of Ciline Line Consporter of Case Consporter of Case Constitution, and the Constitution of Completic Case Case Consporter of Completic Case Case Case Case Case Case Case Case	or Cond or	or Dry Gds or Dry Gds Twp. Rge. 10 33 wher lease or po Well Gas Well dy to Prod. Rg Formation	Address 3lill Address Box I Is gas at No ol, give com I New Wel Total De
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ATION COMMISSION LOWABLE

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

	FILE	1,200.01	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (\$A.S	
	LAND OFFICE	AUTHORIZATION TO TRA	יייי איייייייייייייייייייייייייייייייי	reige	
	TRANSPORTER OIL	7	. *		
	GAS GAS	1			
ī	PRORATION OFFICE	•			
1.	Operator				
	Union Texas Fetro	leum Corporation			
	1300 Wilco Bldg.,	Midland, Texas 79701			
	Reason(s) for filing (Check proper box)	Other (Please explain)		
	New Well	Change in Transporter of:	Gas transporter		
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder		•	
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
	State "8"	l Vada, Penn	State, Federa	crFee State K-3832	
	Location	60 Feet From The South Lin	te and 660 Feet From 5	West	
	Unit Letter M ; 66	*			
	Line of Section 8 To	wnship 10-S Range	34-E , NMPM,	Lea County	
(I.		TER OF OIL AND NATURAL GA	AS CONTRACTOR OF THE PROPERTY	deem of this form in to be const	
	Name of Authorized Transporter of CI	# **** ** ** ** **	Address (Give address to which approx		
	Service Pipe Line Co	synanced Gas W or Dry Gas	Address (Give address to which approve	ubbook, lexas	
	Warren Petroleum Con		Box 1589, Tulsa, Cklah		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	27.	
	give location of tanks.	L 8 10 34	No L	ine being laid	
		th that from any other lease or pool,	give commingling order number:		
V.	COMPLETION DATA	Oil Well Gas Well	New Well Worksver Deepen	Flug Back Same Restr. 11ff. Rost	
	Designate Type of Completic				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations			Deptin Casing Elipe	
			D CEMENTING RECORD	2.000 2.707	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				•	
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)		
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas 1)	fi, etc.)	
		Tables Seese	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Odaing Pressure		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gds-MOF	
	GAS WELL		I Date Continue and Continue an	Gravity of Conductions	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty of Contamination	
	Testing Method (picon, back pro)	Tubing Pressure (Shub-in)	Casing Fressure (Shab-la)	Choka S. 19	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
* 1.	Unitificate or Confidence		NOV	118 1773	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
	Commission have been complied	with and that the information given e best of my knowledge and belief.		Ulmyan	
			TITLE		
				compliance with RULE 1104.	
	J.W. Ho	use		vable for a newly drilled or despen-	
			4	the first and the matter as the desirate.	

If this is a request for allowable for a newly drilled or despended 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 transported or other such change of condition. Superate Forms C-104 must be filed for each pool in multiple

(Signature)

(Title)

(Date

Production Clerk

Nov. 11, 1968

