I.	IO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Union Texas Petroleum Address 1300 Wilco Building, N Reason(s) for filing (Check proper box) New Well	REQUEST I AUTHORIZATION TO TRA Corporation Iidland, Texas 79701	DNSERVATION COMM FOR ALLOWABLE AND NSPORT OIL AND AUG	NATURAL GA	Form C-104 Supersedes Old C-104 and Effective 1-1-65	C-110	
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden			star and a second se]	
	If change of ownership give name and address of previous owner	······································		<u></u>	<u></u>		
П.	DESCRIPTION OF WELL AND I		, The second	1 -	X LA .		
	Lease Name New Mexico "4"	Wall No / Poel Nove Including Ed	Remation Andres R-3853	Kind of Lease State, New Kink	XXXX K-285		
	Location Unit LetterJ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>						
	Unit Letter;;;				-	-	
	Line of Section 4 Tow	nship 10-S Range 2	33-Е , ммри	Λ,	Lea Cour	ity	
IXI.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	te uliek enneue	d some of this form is to be sent!	y	
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 3119 Midland, Texas 79701						
				dress (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids, Junit Sec. Twp. Pige. Is gas actually connected? When give location of tanks. K 4 10-S 33-E No						
		h that from any other lease or pool,		er number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back Same Res'v. Diff. Ro	es'v.	
	Designate Type of Completio		X	l leepen			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	6/27/69	7/25/69 Name of Producing Formation	4550 Top Oil/Gas Pay		4526 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 4259 G. L.	San Andres	3790		4523		
	Perforations				Depth Casing Shoe		
	4508' - 4525' 4550 TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	SET	SACKS CEMENT		
	12½"	8 5/8"	350		<u>350 sx. cemt. circ.</u> 300 sx. cemt. TC@ 340	00	
	7 7/8"	4 ¹ ₃ '' 2 3/8''	4600 4523		500 Sx. Cemt. 16@ 540	50	
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 allow- able for this depth or be for full 24 hours)						
	OII. WELL. Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc		etc.)		
	July 26, 1969	8/3/69	Pump		Choke Size		
	Length of Test 24	Tubing Pressure	Casing Pressure				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas - MCF		
	41	41	15		<u>TSTM</u>		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condensate		
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE		OIL	CONSERVA	TION COMMISSION		
			AUG 18 1969				
	Commission have been complied y	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		APPROVED TO A FRANCISCO A			
	above is true and complete to the best of my knowledge and belief.		BYDISTRICT				
	-		TITLE				
	SPN Q		This form is to be filed in 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 Tester		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
	(Title) August 7, 1969		able on new and recompleted wells.				
		well name or number, or transporter, or other such change of condition.					

(Date)	
(Dute)	

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.