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LAND OFFICE	
TRANSPORTER — OIL	
— GAS	
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND   HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 7 10 00 AM '66

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

I.

Operator
Union Texas Petroleum Corporation
~~Union Texas Petroleum Corporation~~

Address
1300 Wilco Bldg., Midland, Texas

Reason(s) for filing *(Check proper box)*

		Change in Transporter of:		Other *(Please explain)*
New Well	☐	Oil ☐	Dry Gas ☐	
Recompletion	☐	Casinghead Gas ☐	Condensate ☐	
Change in Ownership	☒			

If change of ownership give name and address of previous owner __El Chorro Exploration, Inc., 2005 Continental Nat'l Bank Bldg. Ft. Worth, Texas__

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
A. R. Haley	4	Milnesand - San Andres	State, Federal or Fee **Fee**

Location

Unit Letter __K__ ; __1980__ Feet From The __South__ Line and __1980__ Feet From The __West__

Line of Section __13__, Township __8-S__ Range __34-E__, NMPM, __Roosevelt__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ **Magnolia Pipe Line Company**	Address *(Give address to which approved copy of this form is to be sent)* **Box 900, Dallas 21, Texas**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ ~~Sinclair Oil & Gas Company~~ Warren	Address *(Give address to which approved copy of this form is to be sent)* ~~Box 1470, Midland, Texas~~ Box 1589 Tulsa Okla.

If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13	Twp. 8-S	Rge. 34-E	Is gas actually connected? **Yes**	When **December 23, 1961**

If this production is commingled with that from any other lease or pool, give commingling order number: _____
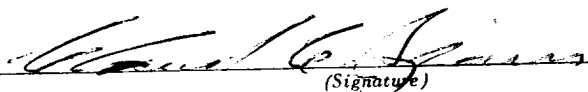
IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

_____
(Signature)

Office Supervisor
(Title)

April 5, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19___

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 Sections I, II, III, and VI only 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.