

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

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

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SANTA FE
FILE
DISK
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

Operator	Union Texas Petroleum	
Address	1900 Wilco Building - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	Change in Transporter of:	Change Well Name and Number
Recompletion	Oil	From: Ring No. 1
Change in Ownership	Casinghead Gas	Effective 8-1-69
	Dry Gas	
	Condensate	

If change of ownership give name and address of previous owner: Tamarack Petroleum, Inc. Bank of SW Bldg. - Midland, Texas 79701

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
Milnesand Unit	111	Milnesand - San Andres	State, Federal or Fee		
Location	Unit Letter	Feet From The	Line and	Feet From The	County
	M	660	South	660	West
Line or Section	12	Township	8-S	Range	34-E
				NMPM,	Roosevelt

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Mobil Pipeline Company		Box 900 - Dallas, Texas 75221				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Corporation		Box 1589 - Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	12	8-S	34-E		Yes	December 17, 1962

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.					
Elevations (DF, RKB, RT, GR, etc.)	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)	
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

Oil Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D			
Testing Method (Shut-in, flow, etc.)	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
	BY
	TITLE
	SUPERVISOR DISTRICT
	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 multiply completed wells.