	NO. OF COPIES RECEIVED										
	DISTRIBUTION EW MEXICO OIL CONSERVATION COMMISSIC								Form C-104		
	SANTA FE	REQUEST FOR ALLOWABLE							Supersedes Old C-104 and C-110 Effective 1-1-65		
	FLE	AND									
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							-		
		- 23 M 169									
	TRANSPORTER GAS										
	OPERATOR		,								
1.	PROBATION OFFICE							<del></del>			
	UNION TEXAS PETROLEUM										
	Aduress										
	1300 Wilco Buildin Reason(s) for filing (Check proper box)		and, Te	xas 797(		ther (Please	explain)			· · · · · · · · · · · · · · · · · · ·	
	New Well			well nar	ne and	number	X				
	Recompletion Oil Dry Gas										
	Change in Ownership	Casingh	ead Gas	Conden	usate		ve 8-1-	-			
	f change of ownership give name										
	and address of previous owner				بالم						
II.	DESCRIPTION OF WELL AND I			Vind of Long							
	Lease Name Well No. Pool Name, Including						Kind of Leas State, Føder		or Fee Fee		
	Milnesand Unit	198	MILII		an Anure	an Andres State, Federal o			ree		
	Unit Letter M; 660 Feet From The South Line and 660 Feet From The								West		
	10	0			34 <b>-</b> E	, NMPM,	Roose	velt		County	
	Line of Section 13 Tow	nship 8-	<u>د</u> .	Range	<u>J7-U</u>	, NMPM,	10036				
III.	DESIGNATION OF TRANSPORT	ER OF OI	L AND NA	TURAL GA	S				of this form is t	o he certi	
	Name of Authorized Transporter of Oli	X or	Condensate		Address (6)			_		o oe sentj	
	Nobil Pipeline Com Name of Authorized Transporter of Cas	pany Inghead Gas (	x or Dry	Gas	Box Address (Gi	<u>900 Da</u> ive address to	llas, Te which appro	exas oved copy	<u>15221</u> of this form is t	o be sent)	
	Warren Petroleum C			· •	Box 1589 - Tulsa, Oki						
	i well produces oil or liquids,	Unit Se	c. Twp.		ls gas actu	ally connecte		nen			
	give location of tanks.			<u>-S ¦ 34-E</u>		yes		Octobe	er 6, 1962		
	If this production is commingled wit COMPLETION DATA	h that from a	any other le	ase or pool,	give commin	ngling order	number:				
	Designate Type of Completio		Oil Well	Gas Well	New Well	Workover	Deepen	Plug B	ack   Same Res	I'v. Diff. Res'v.	
	Date Spuddod Date Compl. Ready to Prod.			Total Depth	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								SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE			OEPTH SET						
				• • • • • • •							
							· · · · · · · · · · · · · · · · · · ·		<u></u>		
				<b>n</b>		of total walve	ne of load of	l and must	he equal to or	exceed top allow-	
v.	TEOT DATA AND REQUEST FO	JK ALLOW	ABLE (1	iest must be a able for this de	epch or be for	full 24 hours	/				
	Date First New Oil Run To Tanks	Date of Tes	it.		Producing Method (Flow, pump, gas lift, et				itc.)		
	Longin of Tost	Tubing Pressure Oil-Bbla.			Casing Pressure Water - Bbls.			Choke	Choke Size Gas-MCF		
	Actual Proc. During Teat							Gas-N			
	GAD WELL										
	Actual Proa. Toot-MCF/D	Length of T	ost		Bbls. Cond	lensate/MMCI	F	Gravit	y of Condensate	•	
	Testing Mothes (pitol, back pr.)	Tubing Pres	ssure (Shut-	-in )	Casing Pre	ssure (Shut-	-in)	Choke	Size		
			(								
Vĩ	CERTIFICATE OF COMPLIANCE						CONSERV	ATION	COMMISSIC	N	
	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 AUG 21 1969						
					is all the left						
					Br						
						TITLE GREAVING TISTRICE This form is to be filed in compliance with RULE 1104.					
	3 rd 10 - I to						wast for all	awable fo	r a newly drill	led or deepened	
	A. M. Daughery					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.					
	Adminiscrative Unit Coordinator					ken on the sections of	this form t	nust be fi	WITTE HOFE !!	••	
	(Title)					All sections of this form must be filled out completely for allow- able on new and recompleted wells.					
	August 15,	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.									
							ool in multiply				
		completed wells.									

well name or	number,	or tran	sporte	r, or other	such change of condition.				
Separate	Forms	C-104	must	be filed	for	each	pool	in	multiply
completed we	118.								