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TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
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

AUG 21 2 25 PM '69

I. OPERATOR
Operator Union Texas Petroleum
Address 1300 Wilco Building - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) ☒ Change Well Name and Number
From: Y. F. Bowley No. 2
Effective 8-1-69
If change of ownership give name and address of previous owner Sun Oil Company - DX Division
P. O. Box 1416 - Roswell New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE
Lease Name Wilnesand Unit Well No. 162 Pool Name, including Formation Wilnesand - San Andres Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter P 660 Feet From The South Line and 660 Feet From The East
Line of Section 12 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 ☐
Mobil Pipeline Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 - Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 - Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit P Sec. 12 Twp. 8-S Rge. 34-E Is gas actually connected? Yes When December 1962

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.
Elevations (DF, RKB, RT, CR, 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
Grav. of Cond. Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing method (flow, back prod.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.

OIL CONSERVATION COMMISSION
APPROVED AUG 21 1969, 19
BY
TITLE SUPERVISOR DISTRICT 9
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.