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LAND OFFICE
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

2 23 711 '69

Operator Union Texas Petroleum	
Address 1300 Wilco Building - Midland, Texas 79701	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) Change Well Name and Number From: Y. F. Bowley No. 3 Effective 8-1-69 <input checked="" type="checkbox"/>
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 Milnesand Unit	Well No. 166	Pool Name, including Formation Milnesand - San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter J, 1980 Feet From The South Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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, RNB, 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 Oil	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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: 1969, 19

BY: [Signature]

TITLE: SUPERVISOR DISTRICT I

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 multiple completed wells.