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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		İ

	SANTA FE	<b>,</b>	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL					
	LAND OFFICE  TRANSPORTER OIL		his it is a	111 '89				
ĺ	GAS OPERATOR		•					
I.	PROPATION OFFICE							
,	Operator UNION TEXAS PETR	ROLEUM 24 /	,					
	Address		0707					
	1300 Wilco Build Reason(s) for filing (Check proper box)		0ther (Please explain)					
New Well Change in Transporter of: Change well name and n  Recompletion Oil Dry Gas from: New MexiconFede								
	Change in Ownership $X$	Casinghead Gas Conder	□   m C C m * 0 1 ·	<i>,</i> 7				
	If change of ownership give name and address of previous owner	Sun Oil Company - DX Div	vision - P. O. Box 1416	- Roswell, New Mexico 88201				
и.,	DESCRIPTION OF WELL AND I		ormation   Kind of Lea					
	Lease Name , Milnesand Unit	Well No. Pool Name, Including Fo		Lease No. Lease No. LC062178				
	Location	_		Foot				
į	Unit Letter B; 660	Feet From The North Lin	e and 1980 Feet From	The East				
	Line of Section 24 Tow	rnship 8-S Range	34-E , NMPM, Roose	evelt County				
II.	DESIGNATION OF TRANSPORT		S Address (Give address to which appro	oved conv of this form is to be sent!				
	Name of Authorized Transporter of Oll Mobil Pipeline Company	<b>3</b> '	Box 900 - Dallas, Teca	as 75221				
Name of Authorized Transporter of Casingh		<del></del>	Address (Give address to which appropriate Box 1589 - Tulsa, Okla					
	Warren Petroleum Corpo	Unit Sec. Twp. Rge.	Is gas actually connected?	nen				
	give location of tanks.	H 13 8-S 34-E	yes	April 1, 1958				
	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.				
	Designate Type of Completion		Now well workered Georges	1				
	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				
		THRING CASING AND	CEMENTING RECORD					
ļ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		•						
ν. V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	and must be equal to or exceed top allow-				
OII. WELL  able 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.)								
	Date ( Mar New Co. 110)			Choke Size				
	Length of Test	Tubing Pressure .	Casing Pressure	CHORA CITA				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas • MCF				
			<u> </u>	<u></u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
			C Chut-(n)	Choke Size				
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	/I. CERTIFICATE OF COMPLIANCE			ATION 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.    M.   Out   Level		APPROVED						
		best of my knowledge and belief.	BY					
		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 allow-						
					(Tie	ile)	able on new and recompleted w	veils. It ill and VI for changes of owner,
					August 1		well name or number, or transpo	rten or other such change of conditions at be filed for each pool in multiply
			Separate Forms C-104 mu completed wells.					