ſ	NO. OF COPIES RECEIVED						
	NOITUEIRTRIC	EW MEXICO OIL CONSERVATION COMMISS				C 104	
	SANTA FE	REQUEST FOR ALLOWABLE				C-104 sedes Old C -	104 and C-116
	FILE	AND				11ve 1-1-65	
i	U.S.G.S.	AUTHORIZATION TO TRA		ATHRAL G	Λ3		
	LAND OFFICE	AUTHORIZATION TO TRA	ANDFORT OIL AND N	171112		* D,	. ,
ļ	OIL		•	-	- 20 14) nn	
	TRANSPORTER GAS	·			• • • •	04	
	OPERATOR						
,	PROBATION OFFICE						
4.	Operator	7 ,					
,	UNION TEXAS PETR						
	Address						
	1300 Wilco Build	ing - Midland, Texas 7	9701				
1	Reason(s) for filing (Check proper box)		Other (Please				\Box
	New Well	Change in Transporter of:	Change we				
	Recompletion Oil Dry Gas from: New Mexico Federal "F" No. 10						
	Change in Ownership Casinghead Gas Condensate Effective: 8-1-69						
	If change of ownership give name and address of previous owner	Sun Oil Company - DX Di	vision - P. O. B	ox 1416 ·	- Roswell	, New M	exico
**	nrodniamor or uri i 48m i	PACE					- ,
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	Formation	Kind of Lease			Lease No.
	Wilmound Unit	510 Milnesand - S	an Andres	State, Federal	or Fee Fed	eral]	LC062178
	Milnesand Unit	Jav Hilliesand - 5					
	Unit Letter C; 660	Feet From The North Li	ne and1980	_ Feet From T	The West		
	Line of Section 13 Township 8-S Range 34-E , NMPM, Roosevelt County						
III	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)						be sent)
	Mobil Pipeline Company Box 900 - Dal				s 75221		
	Name of Authorized Transporter of Cas	1	Address (Give address to which approved copy of this form is to be sent)				
	Warren Petroleum Corpo	ration	Box 1589 - Tul			.02	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? Whe			
	give location of tanks.	H 13 8-S 34-E	yes		April 1	, 1958	
	If this production is commingled wit	h that from any other lease or pool,	, give commingling order	number:		1	
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	. Diff. Restv
	Designate Type of Completio		1	!	1	l [*]	1
			Total Depth	<u> </u>	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	1 Star Soptii				
	(05, 070, 07, 60	Name of Producing Formation	Top Oil/Gas Pay		Tubing Dept	h	
	Elevations (DF, RKB, RT, GR, etc.)	Nume of Producing 1 ormation					
	Perforations				Depth Casing Shoe		
	Periorditions	9					
		ND CEMENTING RECOR					
	HOLE SIZE	CASING & TUBING SIZE .	DEPTH SI		SA	CKS CEME	ТИ
	NOLE SIZE	i					
					•		
			•		1		
*,	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 allow						
V.	OIL WELL ONE First New CV Bur To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow	v, pump, gas li	fi, eic.)		
	Length of Test	Tubing Pressure	Casing Pressure	•	Choke Size		
					Gas - MCF		
	Actual Prod. During Tos:	Oil-Bals.	Water-Bbls.		Gds-MCF		
	GAS WELL		Bbls. Condensate/MMC	F	Gravity of C	Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Dots. Condensate/MMC	*4	J. 47.11 01		
			Casing Pressure (Shut	-in\	Choke Size	_	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Costud Pressure (Suga	-,,	J.1020 0110		
					ATION SC:	MAICCION	
, VI	. CERTIFICATE OF COMPLIANCE		OIL	CONSERVA	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	NWISSION	
			ARREDUEL	A(JG 211	<u>809</u> ,	9
		testane of the Oil Concervation	APPROVED			,	

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.

August 15, 1969 (Date)

SUPERVISCOOLS

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.