	NO. OF COPIES RECEIVED	~**		
	DISTRIBUTION SANTA FE		ONSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-11
	FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	(3 ° − 2. C.
ĺ	RANSPORTER OIL			
i	TRANSPORTER OIL		and the second s	* 14 5g
į.	OPERATOR GAS		•	
,	PRORATION OFFICE			
**	Operator ,			
i.	UNION TEXAS PETROLEUM			
i	Address 70701			
!	1300 Wilco Building - Midland, Texas 79701 (Reason(s) for filing (Cneck proper box) Other (Please explain)			
	New Well	Change in Transporter of:	Change well name	and number
	Recompletion	Oil Dry Ga	, , , , , , , , , , , , , , , , , , ,	ederal No. 15 (Battery 2
	Change in Ownership	Casinghead Gas Conden	1 1 1	` ` `
,	f change of ownership give name		,	
	and address of previous owner		•	
17	DESCRIPTION OF WELL AND I	FASE		
***	Lease Name	Well No. Pool Name, Including Fo	• • • • • • • • • • • • • • • • • • •	Lease No.
	Milnesand Unit	315 Milnesand - S	an Andres State, Federal	LC060978
	Location		605	Voct
	Unit Letter M; 660	Feet From The South Lin	e and 625 Feet From Th	e West
	Line of Section 19 Tow	mship 8-S Range	35-E , NMPM, Roos	evelt County
	Zine of occurs.			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	Town of the form to the boson
-	Name of Authorized Transporter of Oll		Address (Give address to which approve	1
	Mobil Pipeline Com	inghead Gas (X) or Dry Gas	Box 900 Dallas, Tex Address (Give address to which approve	d copy of this form is to be sent)
	Warren Petroleum (Box 1589 - Tulsa, Ok	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
	give location of tanks.	C 19 8-S 35-E	yes	March 24, 1964
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:			
	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completion			
	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
			1.0	Depth Casing Shoe
	Perforations			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
			-	
	man n. 1	OD ALLOWADIE - /T	ther recovery of total volume of load oil a	nd must be sound to or exceed top ollow
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be squal 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.)
	·		Carlos Da	Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	CHORT MANU
	Actual Prod. During Test	Oil-Bhia.	Water-Bble.	Gas-MCF
	Motor From During Funt			
,				
	GAS WELL		I Date Company	Gravity of Condensate
	Actual Proc. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	The state of the s	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	. anni Lianama Come-xu		
1 /2	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
γ1.	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.			111-3:1969
			APPROVED	19
				mas
			STURE VIEW	

Administrative Unit Coordinator (Title)

August 15, 1969

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.