	NO. OF COPIES RECEIVED	-		
	DISTRIBUTION SANTA FE		CREERVATION COMMISS	Form C-104
	FILE	LI .LEQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT CIL AND NATUR	AL GAS
	TRANSPORTER OIL		AUG L	25 111 169
	I CAS		5 - X	
1.	OPERATOR PROBATION OFFICE			
	Operator			
	UNION TEXAS PETROLEUN			
	1300 Wilco Building - Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:	Other (Please explain Change well 1	name and number
	Recompletion	O:1 Dry Go		al "A" No. 2 (T.A.)
	Change in Ownership[X]	Casinghead Gas Conder		
	If change of ownership give name and address of previous owner	Lario Oil & Gas Company -	- Box 1209 - Odessa,	Texas 79760
II.	DESCRIPTION OF WELL AND			
	Lease Name Milnesand Unit	Well Ne. Pool Name, including F 42(TA) Milnesand - S		
	Location	H=(1A) Alldesdig - 5	an Andres	ederal CrFee Federal LC062178
	Unit Letter <u>1</u> ; <u>19</u>	80 Feet From The South Lir	e and <u>660</u> Feet	From The East
	Line of Section 14 To	wnship <mark>8-</mark> S Honge	34-Е , ММРМ,	Roosevelt County
	DESIGNATION OF TRANSPOLITED OF CIL AND MATURAL GAS			
	Name of Authorizea Transporter of Oi	i 🔀 – or Condensate 📃	Address (Give address to which	approved copy of this form is to be sent)
	Mobil Pipeline Compan Name of Authorized Transporter of Ca		Box 900 Dallas, Address (Give address to which	Texas /5221 approved copy of this form is to be sent)
	Warren Petroleum Corp		Box 1589 - Tulsa,	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Two. Rge. J 14 8-S 34-E	Is gas actually connected? Yes	When February 24, 1963
		ith that from any other lease or pool,		
₩.	COMPLIZITION DATE. Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, erc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	TUCH CLEME, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	1		:	
EJ				
Υ.	PEST DATA AND REQUEST FOR ALLOWALLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
	Date First New Oll Run To Tanks	Dato of Test	Producing Method (Flow, pump, ,]]	gas un, etc.)
	Length of Test	Tubing Prossuro	Casing Pressure	Choke Size
	Actual Prod. During Tool	Orl-Ebia.	Water-Bbla.	Gas-MCF
				:
	CAS WILL			
	Actual Pros. Tust-MOR/D	Gength of Test	Ebls. Condensate/MMCF	Gravity of Condensate
	Touting Method (pito), Lack pr.)	Tubing Products (L. 1994)	Casing Pressure (Shut-in)	Choke Size
1 .5	CERTIFICATE OF COMPLIAN		OIL CONSE	RVATION COMMISSION
		↓ ⊥		ALLE 2 + 1969
	I hereby configurate the ratio and regarding of the off the ratio relation 2 Committion have star computed with and the distribution given			
	above is true and complete to the	e beet of my knowled je the bollef.	SY AC	× mer
	<u>Administracive Vale Coordiants</u>		This form is to be filed in compliance with RULE 1104. If this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111. All usetions of this form must be filled out completely for allow- able on now and recompleted wells.	
	ن. ا	ute)	Separate Forms C-104	must be filed for each pool in multiply
			completed wells.	