

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

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DISTRIBUTION
SANTA FE
WEE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

Operator: Union Texas Petroleum

Address: 1300 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain)

Change well name and number from:
Jacobs Federal No. 10
Effective 8-1-69

If change of ownership give name and address of previous owner: Mobil Oil Company, Box 1800, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Milnesand Unit</u>	Well No. <u>210</u>	Pool Name, including Formation <u>Milnesand - San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location: Unit Letter <u>L</u> , <u>1720</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>8S</u> Range <u>35E</u> , NMPM, <u>Roosevelt</u> 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"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 900, Dallas, Texas 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>20</u> Twp. <u>8S</u> Rge. <u>35E</u>	Is gas actually connected? <u>Yes</u> When <u>Feb. 22, 1965</u>

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spaced	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		
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)

OIL WELL

Date First New Oil Ran 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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Ebbs. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

J. M. Dougherty
 Administrative Unit Coordinator
 (Title)

August 15, 1969
 (Date)

OIL CONSERVATION COMMISSION

APPROVED 1969, 19 _____

BY J. M. Dougherty

TITLE SUPERVISOR DISTRICT

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.