NO. OF COMES RECLIVED		CONSERVATION COMMISSI	Form C-104 Supersedes Old C-104 and C-11				
SANTA FE FILE	REQUES	REQUEST FOR ALLOWABLE AND					
U.S.G.S.	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
LAND OFFICE		$+d_{L_2}^{(i)}$	a 21 (11 16 <b>9</b>				
OPERATOR							
I. PRORATION OFFICE							
Union Texas Pet	roleum		·····				
		701					
Reason(s) for filing (Check proper New Well Recompletion	Change in Transporter of:		name and number				
Change in Ownership $\underline{X}$		lensate Effective: 8	-				
If change of ownership give nam and address of previous owner_		Box 728 - Hobbs, New M	(exico_88240				
I. DESCRIPTION OF WELL A	ND LEASE						
Lease Name Milnesand Unit	Well No. Pool Name, Including 201 Milnesand -	State 7	Lease Lease No. ederal or Fee Fee				
Location Unit Letter B;	660 Feet From The North L	ine and	from The East				
Line of Section 25	Township 8-S Range	34-Е , ммрм,	Roosevelt County				
I. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS Address (Give address to which a	approved copy of this form is to be sent)				
Name di Authorizea Transporter of Mobil Pipeline Comp	any	P. O. Box 900 - Da	11as. Texas 75221				
Name of Authorized Transporter of	Casinghead Gas 🔀 or Dry Gas 🗍	Address (Give address to which a	approved copy of this form is to be sent)				
None - Gas used on If well produces oil or liquids, give location of tanks.	lease         Twp.         Rge.           Unit         Sec.         Twp.         Rge.           B         25         8-S         34-	Is gas actually connected? E NO	When				
	i with that from any other lease or poo		f				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Restv. Dill. Rest				
Designate Type of Compi	letion $-(\lambda)$ Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Date Spuddød							
Elevations (DF, RKB, RT, CR, et	c., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe				
		ND CEMENTING RECORD					
HOLESIZE	CASING & TUBING SIZE .	DEPTH SET	SACKS CEMENT				
		•					
/. TEST DATA AND REQUES OIL WELL	able for this	depth or be for full 24 hours)	id oil and must be equal to or exceed top allo				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas 11/1, eic.)				
Longth of Tost	Tubing Pressure	Casing Pressure	Choke Size				
Actual Proc. During Test	Oli-Bbis.	Water-Bbls.	Gae - MCF				
GAS WILL	······						
Actual Prod. Test-MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Prossure (Shut-in )	Casing Pressure (Shut-in)	Choke Size				
L CERTIFICATE OF COMPL	IANCE .		RVATION COMMISSION				
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	11 19				
Commission have been complete to above is true and complete to	od with and that the information give the best of my knowledge and belie		KING I				
. ,		· · · · · · · · · · · · · · · · · · ·	d in compliance with RULE 1104.				
B. M. Dun	shink	to the lase accusat for	allowable for a newly drilled or deepene				
		well, this form must be acc tests taken on the well in	accordance with RULE 111.				
ADMINISTANTIVZ	INIT COCÁDINATOR (THID)	able on new and recomplet	rm must be filled out completely for allow ed wells.				
August	15, 1969 (Date)	Fill out only Section: well name or number, or tra	a I, II, III, and VI for changes of owner maporter, or other such change of condition is must be filed for each pool in multipl				

- ·	11	well name or number, or transpo	orter, o	or other	: su	ch chi	uña e		J.101(1014
		Separate Forms C-104 mu	ast b	e filed	for	each	pool	in	multiply
	÷.	completed wells.	.•					•	<b>%</b>