

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator Union Texas Petroleum Corporation	
Address 1300 Wilco Bldg. - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name Milnesand (SA) Unit		522	Milnesand (San Andres)	State, Federal or Fee Federal	LC 062178
Location					
Unit Letter B ; 90 Feet From The North Line and 1360 Feet From The East					
Line of Section 13 Township 8-S Range 34-E, NMPM, Roosevelt County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Box 900 - Dallas, Texas 75221	
Mobil Pipeline Company		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Box 1589 - Tulsa, Oklahoma 74102	
Warren Petroleum Corporation			
If well produces oil or liquids, give location of tanks.	Unit H Sec. 13 Twp. 8-S Rge. 34-E	Is gas actually connected? YES	When 6-8-82

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Designate Type of Completion - (X)		X		X					
Date Spudded 4-15-82	Date Compl. Ready to Prod. 4-27-82	Total Depth 4750		P.B.T.D. 4750					
Elevations (DF, RKB, RT, GR, etc.) 4247 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4529		Tubing Depth 4519					
Perforations 4529 - 4625				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		378		300 SX				
7 7/8	5 1/2		4750		1290 SX				
	2 7/8		4519						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks 6-8-82	Date of Test 7-1-82	Producing Method (Flow, pump, gas lift, etc.) Pumping 11 X 1 1/2 X 54	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 46	Gas - MCF 6

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, 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.

Richard H. Hiley
(Signature)
Production Services
(Title)
8-9-82
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 12 1982, 19____
BY JERRY SEXTON
TITLE DIRECTOR

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.

RECEIVED

AUG 11 1982

CCO
HOBBS OFFICE