NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISS Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Supersection 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 166 U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Union Texas Petroleum Corporation Address 1300 Wilco Bldg., Midland, Texas Reason(s) for filing (Check proper box) Other (Please explain) New Well X Recompletion Oil Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner Cato-San Andres H. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation K-3139 Kind of Lease 2 State, Federal or Fee Baskett Cato Fee Location , 1980 Feet From The North Line and 660 Unit Letter E West Feet From The 8-S Line of Section Township Range 30-E , NMPM,

or Condensate

| | The Permian Corporation | | | Box 3119, Midland, Texas | | | | |
|---------------------------------|--|--------------------------------------|---|--|----------------------|--------------------|-------------|--------------|
| | Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Not Connected | | | | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | io gas actually comments. | | When | | | |
| | give location of tanks. | K 11 8 30 | 1 | <u> </u> | | | | • |
| | If this production is commingled wit | h that from any other lease or pool, | give commi | ngling order | number: | | | |
| | COMPLETION DATA | | | | | | 1 | |
| | D : | Oil Well Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | Designate Type of Completion | $\mathbf{n} - (\mathbf{X})$ X | X | 1 | 1 | 1 | | 1 |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | |
| | 8-25-66 | 9-11-66 | 3618 | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | |
| | 4130 GL | San Andres | 33 | 379 | | 3309 | | |
| | Perforations | | | | | Depth Casi | ng Shoe | |
| | 3379-3413, 3440-65 | Sixty ½" holes | | | 3615 | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | |
| | 12 1/2 | 8-5/8 | 501 | | 300 sx. cmt - circ. | | | |
| | 6-3/4 | 4,1/2 | | 3615 | | $300 \mathrm{sx}$ | cmt - | TC 2420 |
| | | 2-3/8 | | 3309 | | | | |
| | | | | | | | | |
| 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 allow- | | | | | | | |
| | OIL WELL | able for this a | | | | | | |
| Date First New Oil Run To Tanks | | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | | | | | |

9-12-66 9-12-66 Flow Casing Pressur Choke Size Length of Test Tubing Pressure 18/64 230 24 Pkr Gan - MCF Actual Prod. During Test Oil - Bbls. 264 129 265

| GAS WELL | | | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|--|--|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | | | | | |
| | | | Chalas Cias | | |
| 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.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

| 1 | m | abbox | |
|---------------------|------|-------------|--|
| - (,-',- | | (Si_nature) | |
| Wall. | Teat | Supervisor | |

(Title)

9-15-66

(Date)

OIL CONSERVATION COMMISSION

Address (Give address to which approved copy of this form is to be sent)

Lease No.

County

| APPROVED |) | , 19, 19 | | |
|----------|---------------|-------------------|--|--|
| | A THE SE | THE REPORT OF THE | | |
| <u></u> | | | | |
| TITLE | (4.50) (1.51) | programme and | | |

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.