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| | GAS |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **Operator**
Union Texas Petroleum Corporation
Address
1300 Wilco Bldg., Midland, Texas
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)

If change of ownership give name
and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**

| | | | |
|--|----------------------|---|--|
| Lease Name Baskett | Well No. 1 | Pool Name, Including Formation Cato | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 11 , Township 8-S Range 30-E , NMPM, Chaves County | | | |

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

| | | | | | | |
|---|---|-------------------|------------------|-------------------|---|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp. | Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not connected | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 11 | Twp. 8 | Rge. 30 | Is gas actually connected? No | When |

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

V. **COMPLETION DATA**

| | | | | | | | | |
|---|--|----------|--|----------|----------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 8-10-66 | Date Compl. Ready to Prod. 8-31-66 | | Total Depth 3700 | | P.B.T.D. | | | |
| Pool Cato | Name of Producing Formation San Andres | | Top Oil/Gas Pay 3469 | | Tubing Depth 3387 | | | |
| Perforations 3469-3497, 3526-3548 one hole/ft. Total 50 holes 1/2" dia. | | | | | Depth Casing Shoe 3700 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/2 | 8-5/8 | | 510 | | 300 sx. cmt. circ. | | | |
| 6-3/4 | 4-1/2 | | 3700 | | 400 sx. cmt. TC at 2330 | | | |

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 8-31-66 | Date of Test 8-31-66 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 100# | Casing Pressure Pkr. | Choke Size 16/64 |
| Actual Prod. During Test 106 | Oil - Bbls. 104 | Water - Bbls. 2 | Gas - MCF 72.6 |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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. Abbott
(Signature)
Well Test Supervisor
(Title)
9-2-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 Sections I, II, III, and VI only 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.