	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-105 and C-110			
	FILE		AND	Effective 1-1-65			
1	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT QIL AND NATUR 41	GX 3			
	LAND OFFICE		••				
	IRANSPORTER GAS						
i	OPERATOR						
,	PRORATION OFFICE						
	Operator						
	Union Texas Petroleum Corporation						
	Address						
	1300 Wilco Bldg	1300 Wilco Bldg., Midland, Texas 79701					
	Reason(s) for filing (Check proper box)		Other (Please explain) To add Permian (Corp. as transporter as			
	New Well	Change in Transporter of: Oil Dry Gas	TI roll on Mobil D	1			
	Recompletion Change in Ownership	Casinghead Gas Conden		•			
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND I	JEASE					
	Lease Name	Well No. Pool Name, Including Fo					
) · Cato	3 Cato (San And	res) State, Feder	Fee Fee			
	Location	0 Noveth	1080	Fact			
	Unit Letter <u> </u>	OFeet From TheNorth_Line	e and <u>1980</u> Feet From	The East			
	Line of Section 15 Tow	nship 8-S Range	30-Е , ммрм,	Chaves County			
	Line of Section 15 Tow	msnip O D Hunge					
ITT	DESIGNATION OF TRANSPORT	TER OF OUL AND NATURAL GA	S				
	Name of Authorized Transporter of Oll	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII X or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Mobil Pipe Line Company The Permian Corporation	Mobil Pipe Line Company Box 900, Dallas, Texas - 75221					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen						
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? W	hen			
	give location of tanks.	<u>I</u> 10 8-S 30E	No				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
837	COMPLETION DATA						
ιγ.	r	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
17.	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.			
17.	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res V. Diff. Res V. P.B.T.D.			
17.	Designate Type of Completio Date Spudded	n – (X)					
		n – (X)					
	Date Spudded	n (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth			
	Date Spudded	n (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n (X) Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth			
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	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n (X) Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth			
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October	4,	1967			
(Date)					

All sections of this form most on and the sections of owner, sble 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.