DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

J. W. Hansen

(Title)

(Date)

Production Clerk

12-20-68

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

•	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATORAL O	A3		
••	Operator Union Texas Petr	roleum Corporation				
	Reason(s) for filing (Check proper box)	ling - Midland, Texas 797	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion Oil Dry Gas To show transporter of casinghead gas Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Crosby	3 Cato (San And	lres) State, Federal	or Fee Fee		
	Location D . 660	N	((0			
	Unit Letter D ; 660	Feet From The North Line	e and 660 Feet From T	he <u>West</u>		
	Line of Section 15 Tow	mship 8-S Range 30	O-E , NMPM, Chav	es County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approx	ed convolthis form is to be sent)		
	Mobil Pipe Line Comp					
	Name of Authorized Transporter of Cas	ame of Authorized Transporter of Casinghead Gas 💢 💮 or Dry Gas 🗔		Box 900 - Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)		
	Cities Service Oil	Company Unit Sec. Twp. Rge.	Bartlesville, Oklahoma 74003 Is gas actually connected? When			
	If wal! produces oil or liquids, give location of tanks.	N 10 8-S 30-E	Yes	7-25-68		
	If this production is commingled wit COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA				
	Designate Type of Completio	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		Depth Casing Shoe			
		THRING CASING AND	CEUENTING PECOPO			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
₹.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
			<u> </u>			
	GAS WELL		Table Control on Car	Communication of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size			
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVA	TION COMMISSION		
	I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED	, 19		
	Commission have been complied wabove is true and complete to the	ith and that the information given	BY Jaken W.	Kunyan		
			TITLE			
			611-41			

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 nompleted wells.







Job separation sheet

DISTRIBUTION			ŧ
SANTA FE			
FILE		†	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
DDODATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT O	L AND NATURAL (Effective 1-1-6	35
	TRANSPORTER OIL	1				
	OPERATOR GAS	-				
I.	PRORATION OFFICE					
	Union Texas Petr	coleum Corporation				
		, Midland, Texas 79701				
	Reason(s) for filing (Check proper box	initiality Texas 19701	Oth	er (Please explain)		
	New Well Recompletion	Change in Transporter of:	T	o delete Permia	n Corp. as tra	nsporter.
	Change in Ownership	OII X Dry G	as 📙 📗			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND					
	Crosby	Well No. Pool Name, Including F		Kind of Lease State, Federal		Lease No.
	Location	1 3 Cato (San And	res)		ree	
	Unit Letter D ; 660	Feet From The North Lin	ne and <u>660</u>	Feet From 7	The West	
			80-Е	, _{NMPM} , Cha	ves	County
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give	address to which approx	ed copy of this form is t	o be sent)
	Mobil Pipe Line Comp	any	Box 90	O. Dallas. Texa	s 75221	·
	'Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give	e address to which approv	ed copy of this form is t	o be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actual!	y connected? Whe	n	
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		ing order number:		
	Designate Type of Completic	on - (X)	New Well	Workover Deepen	Plug Back Same Res	v. Diff. Resiv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas	Pay	Tubing Depth	
	Perforations					
	Periorations				Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING	RECORD		
	HOLE SIZE	CASING & TUBING SIZE	0	EPTH SET	SACKS CEM	ENT
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of	total volume of load oil a	ind must be equal to or e	xceed top allow-
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for ful	l 24 hours) hod (Flow, pump, gas lift		
	Length of Test	Tubing Pressure	Casing Pressu	re	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.			
	Action Flori During Teat	On-bbis.	wdter-Bbis.		Gas-MCF	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condens	ate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressu	re (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANC	Œ		OIL CONSERVA	TION COMMISSION	
	P. Carachara a control at the above and a control at			APPROVED		
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.			BY Selections			
				PITLE		
	J. W. Hansing (Signature)		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			
•						
Production Clerk (Title)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
	February 6, 196		fill ou	v and recompleted wel it only Sections I. II.	is. III. and VI for chang	ges of owner,
(Date)			well name or number, or transporter, or other such change of condition.			