

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-104
Effective 1-1-65

I. Operator
Union Texas Petroleum Corporation
Address
1300 Wilco Building, 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 Crosby Well No. 3 Pool Name, including Formation Cato (San Andres) Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West
Line of Section 15 Township 8 - S Range 30 E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
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 sent)
None
If well produces oil or liquids, give location of tanks. Unit N Sec. 10 Twp. 8-S Rge. 30-E Is gas actually connected? no When

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well X Gas Well New Well Workover Deepen Plug Back Some Res'v. Diff. Res'v.
Date Spudded 12-16-66 Date Compl. Ready to Prod. 1-7-67 Total Depth 3541 P.B.T.D. 3390
Elevations (DF, RKB, RT, GR, etc.) 4103 est GL Name of Producing Formation San Andres Top Oil/Gas-Pay 3343 Tubing Depth 3315
Perforations 3343-3374 1 hole/ft. 3/8" 30 holes Depth Casing Shoe 3536
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 517' 300 sx - circ
7 7/8" 4 1/2" 3536' 300 sx TC @ 2400'
2 3/8" 3315'

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 allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 1-8-67 Date of Test 1-8-67 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 14 hrs Tubing Pressure 110# Casing Pressure PKT Choke Size 20/64"
Actual Prod. During Test 171 bbls OH-Bbls. 168 Water-Bbls. 3 Gas-MCF TSTM

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, 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.
J. W. Hansen
(Signature)
Production Clerk
(Title)
August 10, 1967
OIL CONSERVATION COMMISSION
APPROVED _____, 10
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 only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.