	SANTA FE		CONSERVATION COMMISS.	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S.	. · · · · · · · · · · · · · · · · · · ·	AND HOBBS OFFICE O	Effective 1-1-55	
	LAND OFFICE	AUTHORIZATION TO TR			
	TRANSPORTER OIL		JAN 19 11 50 1	AN '67	
	GAS		S TO THE POST OF T		
	OPERATOR				
I.	PRORATION OFFICE	PRORATION OFFICE Operator			
	Union Texas Petroleum Corporation				
	1300 Wilco Bldg. Midland Texas				
	1300 Wilco Bldg., Midland, Texas  Reason(s) for filing (Check proper bax)  Other (Please explain)				
	New Well X Change in Transporter of:				
-	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	as Ensate		
	If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease				
11.					
	Crosby.			Lease No.	
	Location	3 Cato (San	Andres) State, Fed	deral or Fee Fee	
	Unit Letter D; 660 Feet From The North Line and 660 Feet From The West				
	Line of Section 15 To	cwnship 8-S Range	30-E , NMPM, C	haves County	
111	DESIGNATION OF TRANSPOR	TED OF OUT AND MATTIDAY O	• •		
****	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)				
	The Permian Corr		Box 3119, Midland		
	The Permian Corr Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
	None		<u></u>		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 10 8 30	Is gas actually connected?	When	
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	<u> </u>		
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12-16-66	1-7-67	3541	3390	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	4103' est. GL	San Andres	3343	3315	
	Perforations			Depth Casing Shoe 3536	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
- }	7-7/8"	8-5/8"	517'	300 sx circulated	
	7-776	4-1/2" 2-3/8"	3536'	300 sx TC @ 2400'	
į		2-3/6	3315'		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allow-	
ī	OII. WELL able for this depth		pth or be for full 24 hours)  Producing Method (Flow, pump, gas		
	1-8-67	1-8-67	Flow	tift, etc.)	
t	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
l	14 hrs.	110#	Pkr.	20/64"	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
	171 bbls.	168	3	TSTM	
	GAS WELL				
.[	GAS WELL 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	
L					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
_			APPROVED	•	
1	I hereby certify that the rules and a Commission have been compiled v	reby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given		, 19	
•	bove is true and complete to the	best of my knowledge and belief.	BX COMMENT AFFECTA CODIES		
			TITLE SOLD STATE STATE		
			4 V 2 7		
	J. W. Hansen		This form is to be filed in compliance with RULE 1104.		
-	(Signature) Well Test Supervisor		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.		
-	. (Title)				
٠ .	1-16-67		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		
	(Da	ite)			