

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 HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 19 11 50 AM '67

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

DUPLICATE

Operator Union Texas Petroleum Corp.	
Address 1300 Wilco Bldg., Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crosby	Well No. 4	Pool Name, including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>15</u> Township <u>8-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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"/> None	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 N	Sec. 10	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-18-66	Date Compl. Ready to Prod. 1-12-67		Total Depth 3541		P.B.T.D. 3400			
Elevations (DF, RKB, RT, GR, etc.) 4099 est. GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3360		Tubing Depth 3339			
Perforations					Depth Casing Shoe 3533			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8"	523'	300 sacks - circ.
7-7/8"	4-1/2"	3533'	300 sacks - TC @ 2480
	2-3/8"	3339	

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 1-13-67	Date of Test 1-13-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 150#	Casing Pressure Pkr	Choke Size 17/64
Actual Prod. During Test 109	Oil - Bbls. 102	Water - Bbls. 7	Gas - MCF TSTM

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

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.

OIL CONSERVATION COMMISSION	
APPROVED	1967
BY	
TITLE	ENCOUNTER DISTRICT

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, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple

Well Test Supervisor

1-18-67

(Date)

