

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Union Texas Petroleum Corporation

Address
1300 Wilco Bldg., 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 "3" Well No.: 2 Pool Name, including Formation: Cato (San Andres) Kind of Lease: State, Federal or Fee Fee: Lease No.:
Location
Unit Letter: H ; 1980 Feet From The north Line and 660 Feet From The east
Line of Section: 3 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)
The Permian Corporation Box 3119, Midland, Texas
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: J Sec.: 3 Twp.: 8S Rge.: 30E 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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	3-9-67	Date Compl. Ready to Prod.	3-31-67	Total Depth	3505	P.B.T.D.	3487		
Elevations (DF, RKB, RT, GR, etc.)	4131 est GL	Name of Producing Formation	San Andres	Top Oil/Gas Pay	2605	Tubing Depth	3444		
Perforations	3361 - 3371					Depth Casing Shoe	3505		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	537	300 sx cmt
7-7/8"	4-1/2"	3505	300 sx cmt

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	4-1-67	Date of Test	4-1-67	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24	Tubing Pressure	--	Casing Pressure	--
Actual Prod. During Test		Oil-Bbls.	59	Water-Bbls.	59
				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.

J. M. Abbott
(Signature)
Well Test Supervisor
(Title)
April 5, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.