

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE OIL AND NATURAL GAS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

15 JAN 1967

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

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 Well No. 5 Pool Name, including Formation Cato (San Andres) Kind of Lease Fee Lease No.
Location
Unit Letter I, 1980 Feet From The South Line and 660 Feet From The East
Line of Section 9 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)
Vented
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 X Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 2-5-67 Date Compl. Ready to Prod. 2-21-67 Total Depth 3500 P.B.T.D. 3390
Elevations (DF, RKB, RT, GR, etc.) 4109 est. GL Name of Producing Formation San Andres Top Oil/Gas Pay 3256 Tubing Depth 3240
Perforations 3256 Depth Casing Shoe 3500
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8-5/8" 504' 300 sx. - circulated
7-7/8" 4-1/2" 3500' 300 sx. TC @ 2300'

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-22-67	2-22-67	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
21 hours	40#	Pkr.	20/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	80	62	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.

Well Test Supervisor
2-24-67
(Signature)
(Title)
(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