

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 11 10 01 AM '67

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

I.

Operator Union Texas Petroleum Corporation	
Address 1300 Wilco Building, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 Winkler-Federal	Well No. 1	Pool Name, including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0155494
Location				
Unit Letter H	1980	Feet From The North	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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 H	Sec. 9	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-30-66	Date Compl. Ready to Prod. 1-7-67	Total Depth 3610'	P.B.T.D. 3400'					
Elevations (DF, RKB, RT, GR, etc.) 4128 est. GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3262'	Tubing Depth 3272'					
Perforations 3262-3288, 3322-3358 1 hole/ft. 62 holes 3/8 "	Depth Casing Shoe 3603'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 511'	SACKS CEMENT 300 sx. - circ.					
7 7/8"	4 1/2"	3603'	250 sx - TC @ 2770'					
	2 3/8"	3272'						

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 1-15-67	Date of Test 1-15-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 20 hrs	Tubing Pressure 150#	Casing Pressure Pls	Choke Size 30/64
Actual Prod. During Test 218 bbls.	Oil - bbls. 165	Water - bbls. 53	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 _____, 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.