

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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 17 11 40 AM '67

Form C-104  
Supersedes Old C-104 and C-110  
Effective 11-65

11 05 AM '67

I.

Operator Union Texas Petroleum Corporation	
Address 1300 Wilco Bldg., Midland, Texas	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Cato-San Andres

Lease Name Baxter Federal	Well No. 1	Pool Name, Including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee Federal	NMO No. 142233
Location				
Unit Letter F	1980	Feet From The north	Line and 1980	Feet From The west
Line of Section 17	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"/> The Permian Corporation	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 F	Sec. 17
	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 2-15-67	Date Compl. Ready to Prod. 3-9-67		Total Depth 3450		P.B.T.D. 3385			
Elevation (DF, RKB, RT, GR, etc.) 4090 est. DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 3231		Tubing Depth 3374			
Perforations 3231-3265 3302-3330 one hole/ft. total 62 holes					Depth Casing Shoe 3450			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		514'		300 sx circ.			
7-7/8"	4-1/2"		3448'		300 sx TC @ 2360			
	2-3/8"		3374					

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 3-10-67	Date of Test 3-10-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 61	Water-Bbls. 61	Gcs-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.

*Wm. Abbott*  
(Signature)

Well Test Supervisor

(Title)

March 14, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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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