

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 ~~ARTICLE 8. C. C.~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAR 31 11 43 AM '67

Operator Union Texas Petroleum Corporation	
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. 8	Pool Name, Including Formation UNDESIGNATED Cato-San Andres Cato (San Andres)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u>				
Line of Section <u>9</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 L	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-18-67	Date Compl. Ready to Prod. 3-27-67	Total Depth 3500	P.B.T.D. 3469					
Elevation (DF, RKB, RT, GR, etc.) 4062 est. GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3307	Tubing Depth 3297					
Perforations 3307-3324 1 hole per ft (17) 1/2" holes			Depth Casing Shoe 3497					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		536'		300 sx cmt circ.			
7-7/8"	4-1/2"		3497'		500 sx cmt TC@2380'			

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 3-27-67	Date of Test 3-27-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs.	Tubing Pressure 110#	Casing Pressure PKE	Choke Size 12/64
Actual Prod. During Test	Oil-Bbls. 162	Water-Bbls. 9 bbls. acid water	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.

Jim Abbott
(Signature)

Well Test Supervisor

(Title)

3-29-67

(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