	SANTA FE  FILE  U.S.G.S.  LAND OFFICE	REQUEST FOR ALLOWABLE AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Supersedes Old C-104 and C-110 Effective 1-1-85
1.	IRANSPORTER OIL GAS  OPERATOR PRORATION OFFICE Operator		Cal al 11 de ant 11	
	Union Texas Petroleum Corporation			
	1300 Wilco Bldg., Midland, Texas 79701			
	Reason(s) for filing (Check proper box)  New Well X  Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Fig. 1	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LEASE    Wall No   Real Name Including Formation   Kind of Lease   Lease No.			
	Lease Name Baxter Federal	Well No. Pool Name, Including F	- 1	NMO 142233
	Location  Unit Letter;;	Feet From The east Lin	ne and Feet From '	The north
		mship 8-S Range		aaves County
			19	
111.	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)			
	Mobil Pipe Line Co.  Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 900, Dallas, Texas  Address (Give address to which approved copy of this form is to be sent)	
	None None			
	If well produces oil or liquids, give location of tanks.  Unit Sec. Twp. Fige. Is gas actually connected? When No			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
IV.	Designate Type of Completic		New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod. 9-11-67	Total Depth 3350	P.B.T.D. 3255
	7-21-67 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	4110 GL est.	San Andres	3215	3220 Depth Casing Sace
	Perforations 3215 - 32/19 3/1 (3/2	RU) holes		Depth Casing Sace
	3215 - 3249 34 (3/8") holes  TUBING, CASING, AND CEMENTING RECORD			
•	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-1/4	8-5/8"	536 3343	300 sx 300 sx
	7-7/8	4-1/2 2-3/8	3220	J00 5A
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	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)
	9-12-67	9-13-67	Pump Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Cdsing Pressure	Chicago State
	24 hrs. Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF
		79	79	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)	Caeing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COM				ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	, 19
	a trains have been complied	with and that the information giver e best of my knowledge and belief.		James
	•		TITLE	
	•			

Well Tester

Sept. 19, 1967

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.

