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|------------------|-----|--|--|
| 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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

AUG 22 11 51 AM '67

I. Operator
Union Texas Petroleum Corporation
Address
1300 Wilco Building, 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 Winkler Federal Well No. 3 ~~UNDERSIGNED~~ Cato (San Andres) R-3329
Kind of Lease State, Federal or Fee Fed'l. NM0-0155494
Location
Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 22 Township 8-S Range 30-E, NMFM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
Box 900 Dallas, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 7-28-67 | Date Compl. Ready to Prod. 8-15-67 | Total Depth 3700 | P.B.T.D. 3668 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4060 est GL | Name of Producing Formation San Andres | Top Oil/Gas Pay 3458 | Tubing Depth 3425 | | | | | |
| Perforations 3458-3485 27 (3/8") holes | | | Depth Casing Shoe 3699 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4" | 8 5/8" | 537' | 300 | | | | | |
| 7 7/8" | 4 1/2" | 3699' | 300 | | | | | |
| | 2 3/8" | 3425' | | | | | | |

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 8-15-67 | Date of Test 8-16-67 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 12 hours | Tubing Pressure 90# | Casing Pressure 200# | Choke Size 16/64 |
| Actual Prod. During Test | Oil-Bbls. 63 | Water-Bbls. - | 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.

Spud Abbott
(Signature)

Well Tester

(Title)

August 21, 1967

(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 completed wells.