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

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Union Texas Petroleum Corporation 79701 1300 Wilco Building, Midland, Texas Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Dry Gas Off Recompletion Casinghead Gas X Condensate Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE
Lease Name Well No. Lease No. Kind of Lease Pool Name, Including Formation State "1" K3643 2 Baum Upper Penn. State, Federal or Fee State Feet From The North Line and 1980 Feet From The \_\_ Unit Letter Range 32-E County Township 14-S . NMPM. Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas P. O. Box 1589, Tulse, Oklahoma 74101 Is gas actually connected? Warren Petroleum Corporation Unit Sec. Twp. Pae. If well produces oil or liquids, give location of tanks. C 1 14-S → 32-E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty. Diff. Resty. Plug Bac Workover Deepen Oil Well Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Deptr. Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Length of Test Bhis. Condensate/MMCF Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pito:, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APR 22 1970 APPROVED

oduction Clerk

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.

This form is to be filed in compliance with RULE 1134.

BY

TITLE SUPERVISOR DISTRICT

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.

cetters of this form must be filled out completely for all as-

## REGEIVED

APR 2 1 1970

ON CONSERVATION COMM,