***	The J		$\omega = \Phi_{\infty}$
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	**************************************
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-1
FILE	7	AND	Effective 1-1-65
U.\$.G.\$.	AUTHORIZATION TO TH	RANSPORT OIL AND MATURAL	GAS
LAND OFFICE		לביוני לו אינוסייות בופי יייים	I D SI
IRANSPORTER GAS		•	40 AH 365
OPERATOR			•
PRORATION OFFICE  Operator			
Union Oil Company of	California		
Address P. C. Box 671 - Midla			
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		any of California,
Recompletion	OII Dry	ars successor by me	erger, effective
Change in Ownership X	Casinghead Gas Cond	ensate August 1, 1965.	, and a second second
f change of ownership give name	mi - n - c - 1 C		
and address of previous owner		P. O. Box 671 - Midland	l, Texas, 79701
DESCRIPTION OF WELL AND Lease Name	LEASE Lease No.   Well No.   Pool N	lame, including Formation	Kind of Lease
Lea "A" State		nsend Wolfcamp	State, Federal or Fee State
Location		no 12 osup	State
Unit Letter E ; 1	650 Feet From The North	ine and 660 Feet From	The West
· · · · · · · · · · · · · · · · · · ·			1 140
Line of Section 10 to	enship 16 South Range 3	5 East , NMPM,	Lea County
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	245	
Name of Authorized Transporter of Oil	2 or Condensate		oved copy of this form is to be sent)
Texas-New Mexico Pipe	Line Company	P. C. Box 1510 - Mid	lland. Texas. 79701
Name of Authorized Transporter of Ca		:	lland, Texas, 79701 oved copy of this form is to be sent)
Warren Petroleum Corp		P. O. Box 1589 - Tul	sa, Oklahoma, 71102
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Rge. F 10 16-S 35-		hen April 11, 1955
f this production is commingled wi	th that from any other lease or pool	, give commingling order number:	
Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
A			
Perforations			Depth Casing Shoe
	·		
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
·			
TEST DATA AND REQUEST F	OP ALLOWARIE (Total more)		
OIL WELL	able for this	after recovery of total volume of load of lepth or be for full 24 hours)	l and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
	<u> </u>	<u> </u>	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		The state of the s	
	ļ <u>.</u>	Casing Pressure	Choke Size
Festing Method (pitot, back pr.)	Tubing Pressure	out in the same	Choke Size
Feeting Method (pitot, back pr.)	Tubing Pressure	04311,411.000	CHORA SIZA
			ATION COMMISSION
Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANC		OIL CONSERV	

Wilkinson District Office Manager September 7, 1965

(Date)

III.

VI.

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 NULE 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.