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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 1-1-65

Operator UNION TEXAS PETROLEUM CORPORATION		
Address 1300 Wilco Building, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Filed to Authorize transporters and establish allowable after approval of NSP Unit (RE: Case #5935, Order #R-5448)
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Britt	Well No. 12	Pool Name, including Formation Eumont (Queen) Gas	Kind of Lease State, Federal or Fee Federal	Lease No. LC 031621 (a)
Location Unit Letter C ; 330 Feet From The North Line and 2281 Feet From The West Line of Section 7 Township 20-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 2300, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 7	Twp. 20-S	Rge. 37-E	Is gas actually connected? No	When *SEE REMARKS

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X		X		X		X
Date Spudded 7-9-54	Date Compl. Ready to Prod. 2-1-77		Total Depth (Original) 5713		P.B.T.D. 3483				
Elevations (DF, RKB, RT, GR, etc.) 3562 DF	Name of Producing Formation Queen		Top Oil/Gas Pay 3206		Tubing Depth 3161				
Perforations With 1 JSPF 3206,07,08,09,10,16,21,23,30,35,39,41,68,81,83, and 87 (Total 16 holes)						Depth Casing Shoe 5712			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
18"	13-3/8"		612		450 Sx.				
11"	8-5/8"		3298		1900 Sx.				
7-7/8"	5-1/2"		5712		500 Sx.				
---	2-3/8"		3161		-----				

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)

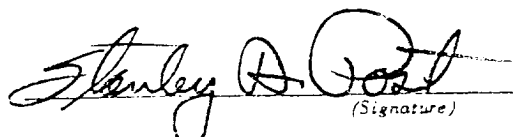
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 476	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 503.2	Casing Pressure (Shut-in) 0	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.


(Signature)

Sr. Production Analyst
(Title)

June 17, 1977
(Date)

REMARKS: Gas will be connected when approval is

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

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JUN 20 1977

OIL CONSERVATION COMM.
HOBBS, N. M.