LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST FOR AND UTHORIZATION TO TRANSPO	)	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55
UNION TEXAS PETRO			
1300 Wilco Build   Reason(s) for filing (Check proper box)   Now Well   Recompletion   Change in Ownership	hange in Transporter of: III Dry Gas Casinghead Gas Condensate	Request for permis	ssion to test into the oval of non-standard Borday
If change of ownership give name and address of previous owner			
Britt	12 Eumont (Queen	) Gas	FCUSFUFOOFOEF (u)
DESIGNATION OF TRANSPORTER	OF OIL AND NATURAL GAS	dress (Give address to which approved	l copy of this form is to be sent)
Name of Authorized Transporter of Oil Shell Pipeline Company Name of Authorized Transporter of Casinghe Northern Natural Gas Co	ad Gas or Dry Gas _X Ac	Box 1910, Midland, Texas Hiress (Give address to which approved Box 2300, Midland, Texa	S 79701 I copy of this form is to be sent)
If well produces oll or liquids,	2 20 S 27_F	NO +S	EE REMARKS
give location of tanks. If this production is commingled with the COMPLETION DATA	at from any other lease or pool, giv	ew Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion -	(X) X	otal Depth	Р.В.Т.D. Х
Date Spudded 7-9-54 Elevations (DF, RKB, RT, GR, etc.) Na	2-1-77 me of Producing Formation	Original) 5713 Sep Olf/Cas Pay 3206	3483 Tubing Depth 3161 Depth Casing Shoe
Perforations With 1 JSPF 320 83 and 87 (Tot	6 07,08,09,10, 16,21,23	3,30,35,39,41,68,81	5712
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	450 Sx
18"	<u>13 3/8"</u> 8 5/8"	3298	1900 Sx. 500 Sx.
7 7/8"	5 1/2"	<u> </u>	
	2 3/8" ALLOWABLE (Test must be after	a recovery of total volume of load oil o	and mus: be equal to or exceed top allow
V. TEST DATA AND REQUEST FOR OIL WELL		th or be for full 24 hours) Producing Method (Flow, pump, gas lif	
Date First New OII Run 10 Fund	ubing Pressure	Casing Pressure	Choke Size
Length of Test		Water - Bole.	Gas-MOF
Actual Prod. During Test C	11-Bble.		
		0.000	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)	Tubing Preasure (Shut-in)	Casing Pressure (Shut-in)	Croke Size
VI. CERTIFICATE OF COMPLIANC		OIL CONSERV.	ATION COMMISSION
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.		APPROVED Orig. Signed by Jerry Sexton Dist 1. Supv.	
(Signature) Senior Production Analyst (Title) (Date)		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of own well name of number, or tranaporter, or other such change of conditi Separate Forms C-104 must be filled for each pool in multi completed wells.	

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