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

NEW MEXICO OIL CONSERVATION COMMISS...
REQUEST FOR ALLOWABLE
AND ... O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 20 11 03 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
Union Texas Petroleum Corp.

Address
1300 Wilco Bldg., Midland, Texas

Reason(s) for filing *(Check proper box)*

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒   Dry Gas ☐

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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Carlson "A"	1	Justis (Fusselman)	Federal	0766

Location

Unit Letter J ; 2310 Feet From The south Line and 2310 Feet From The east

Line of Section 25   Township 25-S   Range 37-E , NMPM, Lea   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Co.

Address *(Give address to which approved copy of this form is to be sent)*
Box 1910, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Co.

Address *(Give address to which approved copy of this form is to be sent)*
Jal, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	25	25-S	37-E	Yes	

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 X	Gas Well	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.
2-12-59	2-3-66(W.O.)	6954	6951

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3067 DF	Fusselman	6820	6828

Perforations	Depth Casing Shoe
6820-6826	6953

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4	13-3/8	573	450
12-1/4	9-5/8	3273	1400
8-3/4	7	6953	500
	2-3/8	6828	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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	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.

R. W. Manry   *(Signature)*
Assistant Dist. Prod. Supt.   *(Title)*
March 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