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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator **UNION TEXAS PETROLEUM CORPORATION**

Address **1300 Wilco Building, Midland, Texas**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Carlson "A"</b>		<b>2</b>	<b>Justis - Montoya</b>	State, Federal or Fee <b>Federal</b>
Location				<b>Justis-Montoya R-3080</b>
Unit Letter	<b>I</b>	<b>2310</b>	Feet From The <b>South</b> Line and <b>990</b>	Feet From The <b>East</b>
Line of Section	<b>25</b>	Township <b>25 South</b>	Range <b>37 East</b>	NMPM, <b>Lea</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texas New Mexico Pipe Line Co.</b>	<b>Box 1510, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Co.</b>	<b>Box 1492, El Paso, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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)	<input checked="" type="checkbox"/>	Oil Well	<input type="checkbox"/>	Gas Well	<input type="checkbox"/>	New Well	<input type="checkbox"/>	Workover	<input checked="" type="checkbox"/>	Deepen	<input type="checkbox"/>	Plug Back	<input type="checkbox"/>	Same Res'v.	<input type="checkbox"/>	Diff. Res'v.	<input checked="" type="checkbox"/>
Date Spudded	<b>1/16/66 (W.O.)</b>	Date Compl. Ready to Prod.	<b>2/1/66</b>	Total Depth	<b>7275</b>	P.B.T.D.	<b>6950</b>	Elevations (DF, RKB, RT, GR, etc.)	<b>3071 DF</b>	Name of Producing Formation	<b>Montoya</b>	Top Oil/Gas Pay	<b>6921</b>	Tubing Depth	<b>6930</b>	Perforations	<b>6930 - 6932</b>
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT								
<b>17½</b>	<b>13-3/8</b>				<b>577</b>				<b>500</b>								
<b>12½</b>	<b>9-5/8</b>				<b>3278</b>				<b>1400</b>								
<b>8-3/4</b>	<b>8-3/4</b>				<b>7208</b>				<b>630</b>								

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	<b>2/1/66</b>	Date of Test	<b>2/5/66</b>	Producing Method (Flow, pump, gas lift, etc.)	<b>Flow</b>
Length of Test	<b>24 hours</b>	Tubing Pressure	<b>75</b>	Casing Pressure	<b>Pkr.</b>
Actual Prod. During Test	<b>104.9</b>	Oil - Bbls.	<b>102.9</b>	Water - Bbls.	<b>2</b>
				Gas - MCF	<b>34.6</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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. A. Guenther**  
(Signature)  
Agent  
(Title)  
**2/14/66**  
(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 completed wells.