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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

I. OPERATOR

Operator: Union Texas Petroleum Corporation

Address: 1300 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Note: McKee Sand zone will be shut in & we will produce from the Fusselman Zone until we get approval to multi. complete.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Other (Please explain): Note: McKee Sand zone will be shut in & we will produce from the Fusselman Zone until we get approval to multi. complete.

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	Lease No.
Crosby Deep	3	Fusselman R-4915	State, Federal or Fee Federal	LC-054667

Location

Unit Letter "J", 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 33 Township 25-S Range 37-E, NMPM, Lea 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)
Permain Corporation	Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When Gas will be connected
	J	33	25-S	37-E	No	when we shut in the McKee Sand Zone.

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-13-58	8-14-74 (This compl.)	10,155	10,060
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3010' DF	Fusselman	8657'	9,510'
Perforations	1 JSPF 8657-68, 8682-95'		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NA	13-3/8"	496'	500 sx
NA	9-5/8"	389 1/4'	858 sx
NA	7"	8262'	700 sx
	2-3/8" tubing	9510	

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.)	
8-6-74	8-7-74	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	569		18/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	195.07	19.88	600

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.

Stanley A. Post
(Signature)
Gas Measurement Analyst
(Title)
11-15-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED: [Signature] 1974, 19

BY: [Signature]

TITLE: SUPERVISOR DISTRICT 7

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.

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LD 15471

UFL CONSERVATION COMM.
GILES, H. M.