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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
I RANSPORTER .	OIL		
	GAS		
OPERATOR			
BRODATION OFFICE		1	

		_					
	DISTRIBUTION	LEW MEXICO OIL C	CONSERVATION COMMISS	Form C+104			
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE	AND Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE			•			
	TRANSPORTER OIL			•			
	GAS						
	OPERATOR	7					
1	PRORATION OFFICE	7					
	Operator			·			
	UNION TEXAS PETROLEUM	M CORPORATION					
	Address						
	1300 Wilco Building.	Midland, Texas 79701					
Reason(s) for filing (Check proper box)  New We!1  Change in Transporter of:							
							Recompletion
	Change in Ownership	Casinghead Gas Conde		,			
	If change of ownership give name						
	and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE / Crosby - Mckee Gas							
II. DESCRIPTION OF WELL AND LEASE    Lease Name							
		2 Undesignated 3	Acros R-4915 State Feder				
Location							
						Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East	
	Line of Section 33 To	ownship 25-S Range 3	37-E , NMPM, <b>L</b> ea	County			
			•				
Ш.	<b>DESIGNATION OF TRANSPOR</b>	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Ol	1 or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)			
	'Name of Authorized Transporter of Co	asinghead Gas or Dry Gas X	Address (Give address to which appre	oved copy of this form is to be sent)			
	El Paso Natural Gas Co	ompany	Box 1492, El Paso, Tex	as 79910			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen			
	give location of tanks.	J 33 25-S 37-E	Yes	October 22, 1974			
w	COMPLETION DATA	ith that from any other lease or pool,	give comminging order number.				
14.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi	on – (X)	x	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	4-13-58	8-14-74	10.155	10,060'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3010' DF	McKee Sand	9641'	9600'			
	1	641-52'; 9672-86'; 9714-2		Depth Casing Shoe			
	Periordions WICH I Jorr 30	J41-J2 ; 90/2-80 ; 9/14-2	to; (local 34 notes)				
		THRING CASING AND CEMENTING PECOPD					
		TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING A TURING SIZE DEPTH SET SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				
	NA	13 3/8"	496'	500 Sx.			
	NA	9 5/8"	3894'	858 Sx.			
	NA	7''	8262 '	700 Sx.			
		4 1/2" (Liner)	10,102'	_i			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be c	after recovery of total volume of load oi	l and must be equal to or exceed top allow-			
•	OII. WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ijt, etc.)			
	Langth 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	Bbis. Condensate/MMCF	Gravity of Condensate			
			.026	65 Degrees			
	3,400 Testing Method (pitot, back pr.)	24 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Choke	3,100	1 0	16/64"			
VI.	CERTIFICATE OF COMPLIAN	(CE	OIL CONSERV	ATION COMMISSION			
			1				
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	, 19			
			BY MOSTAGE I				
					TITLE		
	Etanley A. Hos	4	This form is to be filed in compliance with RULE 1104.				
			If this is a request for allo	wable for a newly drilled or deepened anied by a tabulation of the deviation			
	/ (Sig	nature)	tests taken on the well in acco	ordance with RULE 111.			

Gas Measurement Analyst

(Date)

October 25, 1974

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. 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.