	DISTRIBUTION SANTA FE		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Etfective 1-1-65	
	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL G/	A.3	
1.	OPERATOR PRORATION OFFICE				
	Union Texas Petroleum Corporation				
1300 Wilco Building, Midland, Texas 79701					
	Reason(s) for filing (Check proper box)         New Well         Recompletion         Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens			
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	.EASE Well No.: Pool Name, Including Fo	ormation Kind of Lease	Leaso No.	
	Gregory El Paso Federal	1 Crosby (Devon		<sup>cr Fee</sup> Federal 054667	
Location , Unit Letter 0 ; 660! Fect From The South Line and 1650! Feet From The East Line of Section 33 Township 25-S Range 37-F , NMPM, Lee				he East	
				2 County	
THE DESIGNATION OF TRANSPORTER OF OU AND NATURAL GAS				,	
111.	Name of Authorized Transporter of Oll	or Condensate X	Address (Give address to which approv Box 1510, Midland, Texa		
	Name of Authorized Transporter of Casinghead Gas 🗶 or Dry Gas 🗍 🕴		Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natur 1 Gas Cor If well produces oil or liquids,	D ny Unit Sec. Twp. Rge.	P. O. Box 138/4, Jal, New Mexico 88252 Is gas actually connected? Yes 2-12-6/4		
	give location of tanks.	J 33 25-S 37-E	l	1.2-0/	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Off Well Gas Well New Well Workover Deepen Plug Back				Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	t t	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	-		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations	Perforations Deptil Casing Shoe			
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	· CASING & TUBING SIZE			
			fer recovery of total volume of load all	i and must be equal to or exceed top allow-	
V.	IFEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 26 hours)         DIL WELL       Date of Test         Date First New Oil Run To Tanks       Date of Test				
	Date First New Cli Hon 10 Tanks		Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	Actual Pred. During Test	Cil-Bbls.	Water - Bbls.	Gas • MOF	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condenasto	
	Testing Method (pirot, back pr.)	Tubing Pressure (Simt-in)	Casing Pressure (Shut-in)	Choke Size	
VI	. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	PR 20 1970, 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				
		)	This form is to be filed in	compliance with RULE 1134.	
	Piggy & Manpeor		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 is accordance with RULE 111. All acctions of this form must be filled out completely for allow- able on new and recompleted wells.		
	Production Morie (Tuta)				
	April 16, 19	10	Fill out call featiens L. L	1. 111. and VI for clara a dialateria a contrata di secondati di salati a	



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APR 2 0 1970 OIL COMPLEMENTED COMM. LODES, N. D.