

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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
UNION TEXAS PETROLEUM CORPORATION, A Division of Allied Chemical Corporation
Address
1300 Wilco Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other **CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/73 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Crosby Deep	2	UNDESIGNATED R-4499	State, Federal or Fee Fee	
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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)					
The Permian Corporation	Houston, Texas					
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)					
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
	G	33	25-S	37-E	No	

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					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-15-72	1-31-73	10,445	9319'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Reservoir	Tubing Depth					
3015' DF	Fusselman	8780'	8688'					
Perforations						Depth Casing Shoe		
8780-8790'						10,445		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		504'		500			
12 1/4	9 5/8		3812'		2300			
8 3/4	5 1/2		10,445'		890			

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.)	
1-31-73	1-31-73	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	172 5/8	0	15/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	455	0	738

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.


(Signature)

Operations Supt. - Western Area
(Title)

January 31, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 1

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.