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SANTA FE				
FILE				
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LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF				

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DISTRIBUTION	VEW MEXICO OIL CONSERVATION COMMIS: Form C-104				
SANTA FE	REQUEST FOR ALLOWABLE Supers			Supersedes Old Effective 1-1-69	C-104 and C-11
U.S.G.S.	AND				
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER GAS	-				
OPERATOR					
PRORATION OFFICE					
UNION TEXAS PETROL	EUM CORPORATION				
Address 1300 Wilco Buildin	ng, Midland, Texas 79701				
Reason(s) for filing (Check proper box		Other (Please ex	plain)		
New Well XX	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Ownership	Casinghead Gas Conde	nsate			
f change of ownership give name and address of previous owner					-1
DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.   Pool Name, Including F	Toront I an			
State "A-32"	4 Jalmat (Yates)				- Lease No. B-148-10
Location Unit Letter F ; 17	80 Feet From The North Lir	ne and 1400 F	Feet From The	_West	
	wnship 24-S Range 3		Lea		County
	TER OF OIL AND NATURAL GA		LCu		County
Name of Authorized Transporter of Oil		Address (Give address to w	hich approved copy	of this form is to	be sent)
None					
Name of Authorized Transporter of Cas		Address (Give address to w.			be sent)
Northern Natural G	dS CO. Unit Sec. Twp. Ege.	Box 2300, Midla	ind, lexas	79701	
If well produces oil or liquids, give location of tanks.	ome paec. Two. rige.	No No	, when		
f this production is commingled wire COMPLETION DATA	th that from any other lease or pool,	give commingling order nu-	mber:		
Designate Type of Completic	Oil Well Gas Well	New Well Workover [	Deepen Plug B	ack   Same Res	v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	X		! 	
3-22-78	4-9-78	Total Depth 3211'	P.B.T.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubino	3207 Tubing Depth	
3241.4' GL	Yates	2913'		2563'	
Perforations 2913;15;17;19;2	21;40;42;44;81;83;85;87;		9; Depth	Casing Shoe	
3117;19;23;25;27;29;31;	3184;86;88 & 90				
1101 5 6175		D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE  8 5/8"	DEPTH SET		SACKS CEME	INT
7 7/8"	4 1/2"	775		30 Sacks 25 Sacks	
	2 3/8"	2563			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume o	f load oil and must	be equal to or ex	ceed top allow-
DIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours)  Producing Method (Flow, pu	mn ans lift etc.)		
		Producting Matrice (1 tow, pa	mp, gas ist, eici		
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-M	CF	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate	
300	24	0			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in		Choke Siza	
	168	168			
CERTIFICATE OF COMPLIANC	CE	OIL CON	ISERVATION 9	COMMISSION	
hereby certify that the sules and -	egulations of the Oil Conservation	APPROVED WAT	40 /2		9
Commission have been complied w	18211				
bove is true and complete to the	BY COUNTRY INCOME OF THE PROPERTY OF THE PROPE				
	TITLE SUPERVISOR DISTRICT				
Strales D. D. D.	)	This form is to be	filed in complian	ce with RULE	1104.
- Kalin VI VAN	This form is to be filed in compliance with RULE 1104.				

Starley A. Dost				
		(Signature)		
Senior	Production	Analyst		
		(Title)		

May 9, 1978

(Date)

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.