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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

Operator UNION TEXAS PETROLEUM CORPORATION	
Address 1300 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLACED AFTER 12/1/78 UNLESS AN EXCEPTION TO R-4078 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Crosby Deep	Well No. 4	Pool Name, including Formation Crosby (Fusselman)	Kind of Lease State, Federal or Fee Federal	Lease No. LC 054667
Location Unit Letter C ; 785 Feet From The North Line and 1980 Feet From The West				
Line of Section 33 Township 25-S Range 37-E , NMPM, Lea County				

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 Corp.		P. O. Box 1183, Houston, Texas 77002		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.		P. O. Box 1492, El Paso, Texas 79910		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 33	Twp. 25-S	Rge. 37-E
				Is gas actually connected? No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded 8-3-78	Date Compl. Ready to Prod. 10-2-78	Total Depth 8894'	P.B.T.D. 8775
Elevations (DF, RKB, RT, GR, etc.) 3006.8' GR	Name of Producing Formation Fusselman	Top Oil/Gas Pay 8719'	Tubing Depth 8745'
Perforations Perforated w/1 JSPF 8719'-8752' (Total 24 Holes)		Depth Casing Shoe ---	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	877'	700 Sx.
11"	8 5/8"	3727'	1050 Sx.
7 7/8"	5 1/2"	8910'	1150 Sx.
	2 7/8"	8745'	

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 10-1-78	Date of Test 10-2-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 1200-1510	Casing Pressure 0	Choke Size 18/64"
Actual Prod. During Test 599.31	Oil-Bbls. 599.31	Water-Bbls. 0	Gas-MCF 1326

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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 OCT 16 1978
Flap S. Handysell (Signature) Production Analyst (Title) October 10, 1978 (Date)	BY John W. Runyan TITLE Geologist
	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.