00 600165		160		
PISTRIBUTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SANTA FE		1		
FILE		1		
U.S.G.S.				
LAND OFFICE		Ī		
TRANSPORTER	OIL	1		
	GAS	2		
OPERATOR		1		
PRORATION OFFICE				
Operator				

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	PISTRIBUTION /	NEW MEYICO OU		<u> </u>	
	SANTA FE	DECLIES	CONSERVATION COMMISSION	Form C-104	
	FILE			Supersedes Old C-104 and C-1 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TO	AND		
	LAND OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL	GAS	
	OIL /				
	TRANSPORTER GAS 7	 			
	OPERATOR ,				
1.	PRORATION OFFICE Operator				
	l *				
	Union Oil Com	pany of California			
	Address				
	P.O. Box 2620	- Casper, Wyoming 82602	2		
	Reason(s) for filing (Check proper	box)	Other (Please explain)		
	New Well XX	Change in Transporter of:		. The area and a second	
	Recompletion	Oil Dry 6	Gas XX	s Transporter to	
	Change in Ownership		Gas Company of	New Mexico.	
		GGIII.	ienacie 🔲		
	If change of ownership give name	•			
	and address of previous owner				
П.	DESCRIPTION OF WELL AN				
	Lease Name	Well No. Pool Name, Including	Formation Kind of Leas	se Lease No.	
	Federal	1 Basin Da	kota State, Feder	glor Fee Fed. SF- 078621-	
	Location			Fed. 078621-A	
	Unit Letter H : 1	730 Feet From The North L	ine and 1060 Feet From		
		reet From The NOTELI	ine and Feet From	The East	
	Line of Section 24	Township 25N Range	1177		
	2 0. 000 2.4	Z JN Hange	11W , NMPM, S	an Juan County	
FTT	DESIGNATION OF TRANSPO	BTCB OF OUR AND MARKET OF			
14E.	Name of Authorized Transporter of	OIL OF CONDENSATE TO CONDENSAT			
		or condensate KX	Address (Give address to which appro	•	
	Plateau, Inc.		P.O. Box 108 - Farmin	gton N.M. 87401	
	Name of Authorized Transporter of Gas Company of New M	ferico —	Address (Give address to which appro	and come of this form in the land	
	Northwest Pipeline (Corporation	P.O. Box 750 - Farming P.O. Box 1526 - Salt I	ton N.M. 87401	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	den CILY, Utan 8411U	
	give location of tanks.	H 24 25N 11W	Yes	0 10 77	
•				8-10-77	
IV	COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	None	
۱ .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen		
	Designate Type of Comple	tion = (X)		Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	XX	1	
i	ŕ		Total Depth	P.B.T.D.	
Ì	10-26-75	11-24-75	6181	6140	
	Elevations (DF, RKB, RT, GR, etc.	· •	Top Oil/Gas Pay	Tubing Depth	
ļ	6508' G.R.	Graneros Sands	5943	58891	
	Perforations 2 deep penet	rating shots each @ 5943	, 5944, 5945, 5970.	Depth Casing Shoe	
	5971, 5974, 5981, 5989, 5990, 5991, 5992, 5993, 5996. 6178'				
		TUBING, CASING, AN	D CEMENTING RECORD	- VIIV	
ſ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
1	12-1/4"	8-5/8"	723'	 	
ŀ	7-7/8"	5-1/2"		510	
<u> </u>			6,178	300	
ŀ		2-3/8"	5,889*		
		<u></u>			
	TEST DATA AND REQUEST		after recovery of total volume of load oil	and must be equal to or exceed top allow-	
ř	OIL WELL	able for this d	epth or be for full 24 hours)	•	
- 1	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)	
L					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			<u> </u>		
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas MCF (U	
			1	MON COM.	
•					
,	gas well	•	N. Carlotte and Car	OIL DIST. 3	
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grayity of Condensate	
- 1	8013*	3 Hours	Trace	.675 (est.)	
⊢	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	·	
- 1			•	Choke Size	
L	Back Pressure	2002	0	3/4" Pos.	
Л. (CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION	
1	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Store to the Store arick		
			BA Oliginar a.		
			CITOWOUTCOR DICT 43		
			TITLE SUPERVISOR DIST. #3		
			This form is to be filed in compliance with RULE 1104.		
	Harold Simpson (Sig	-	11	able for a newly drilled or deepened	
-	Harold Simpson (Siz	nature)	well, this form must be accompar	nied by a tabulation of the deviation	
	District Operations Manager		tests taken on the well in accordance with RULE 111.		
-			All sections of this form must be filled out completely for allow-		
	(Title) 11-3-77		able on new and recompleted wells.		
				III, and VI for changes of owner,	
	(L	Pate)	well name or number, or transports	er, or other such change of condition.	

Senerate Forms C-104 must be filed for each nool in multiniv