

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

Operator Union Oil Company of California	
Address P.O. Box 2620, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo E-18	Well No. 5	Pool Name, Including Formation Basin Dakota	Kind of Lease Allotted	Lease No. N00-C-14-20-3772
Location Unit Letter E ; 1500 Feet From The North Line and 1150 Feet From The West Line of Section 18 Township 25N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 18	Twp. 25N	Rge. 10W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 5-23-76	Date Compl. Ready to Prod. 6-21-76	Total Depth 6315'	P.B.T.D. 6285'					
Elevations (DF, RKB, RT, GR, etc.) 6482' G.L.	Name of Producing Formation Graneros	Top Oil/Gas Pay 6063-6132	Tubing Depth 5973'					
Perforations 2 SPF 6065-67, 6094-95, 6104-06, 6117-28			Depth Casing Shoe 6315'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		785'		500			
7-7/8"	5-1/2"		6,315'		850			
	2-3/8"		5,973'					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1,680	Length of Test 24 hours	Bbls. Condensate/MMCF None	Gravity of Condensate 44.1
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1898#	Casing Pressure (shut-in) 0	Choke Size 12/64"

I. 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.

Harold Simpson (Signature)
District Operations Manager (Title)

9-23-76 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 changes of condition. Separate Forms C-104 must be filed for each pool in multiple