	ion of Corps .		15	ı	
	DISTRIBUTION				
	SANTA FE				
	FILE		17		
	U.S.G.S.		1		
1.	LAND OFFICE				
	TRANSPORTER	OIL	17		
		GAS	1		
	OPERATOR		17		
	PRORATION OFFICE		Γ		

9-01-77 (Date)

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	DISTRIBUTION SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
	FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1		
	U.S.G.S.	AUTHORIZATION TO TE	AND	Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL /					
	OPERATOR /					
_	PRORATION OFFICE	_				
1.	Operator					
	Union Oil Company	of California				
Address						
	P. O. Box 2620 -	Casper, Wyoming 82602				
	Reason(s) for filing (Check proper bo	x)	Other (Please explain)			
	New Well Recompletion	Change in Transporter of:	Gas Deant Ref.	ge from		
	Change in Ownership	Oil Dry C	Gas Deart Ref.	0		
1		Cond Cond	ensate X Add ga	s trans.		
	If change of ownership give name and address of previous owner					
		2				
H.	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool Name, Including	1.1 01 200	ATTOTEPH Laggedse NG.		
	Navajo K-19	4 Basin I	Dakota State, Feder	N00C-14 20-5195		
		00				
l	Unit Letter K; 15	00 Feet From The South Li	ne and 1500 Feet From	The West		
- [	Line of Section 19 To	ownship 25N Range	10W , NMPM, San .	Juan		
•			, INVIEW, SOLI	County County		
II. į	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G				
	Name of Authorized Transporter of Oi	or Condensate XX	Address (Give address to which appro	oved copy of this form is to be sent)		
1	Plateau, Inc. Name of Authorized Transporter of Ca		P.O. Box 108 - Farm	ington N.M. 87401		
- 1			Address (Give address to which appro			
-	Norhtwest Pipeline C	Orporation Unit Sec. Twp. Rge.	P.O. Box 1526 - Salt Is gas actually connected? When	Lake City, Utah 84111		
	If well produces oil or liquids, give location of tanks.	K 19 25N 10W				
1	If this production is commingled wi	ith that from any other lease or pool,	<u> </u>	8-15-77		
۷. ر	COMPLETION DATA		give comminging order number:	None		
1	Designate Type of Completic	on - (X)	Naw Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
ļ	Date Spudded	XX	XX	-		
	6-4-76	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
<u> </u>	Elevations (DF, RKB, RT, GR, etc.)	6-28-76 Name of Producing Formation	6320 Top Oil/Gas Pay	6136 Tubing Depth		
	6598 G.L.	Jicarilla & Graneros	6026-6098	5928'		
	Perforations		0020 0070	Depth Casing Shoe		
-	2 SPF 6028-30.	6056-60, 6068, 6073-75,	6084-85, 6092-95	6320'		
-		TUBING, CASING, AN	D CEMENTING RECORD			
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
-	12-1/4" 7-7/8"	8-5/8"	735'	450		
	1-778	5-1/2" 2-3/8"	6,320	850		
-		7=3/8	5,928			
V. 7	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load eil	and must be equal to or exceed top allow-		
	DIL WELL	able for this de	epth or de 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			
			Cdsing Pressure	Choke Size		
<del>                                   </del>	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF		
				Sub-MCP A MA		
_	GAS WELL	<del></del>				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
-	576 Testing Method (pitot, back pr.)	24 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	44.1		
	Back Pressure	1350#	•	Choke Size		
	CERTIFICATE OF COMPLIANC		0	28/64"		
C	LITTICALE OF COMPLIANC	J <u>#</u>	UIL CONSERVA	TION COMMISSION		
I	hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED, 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  C. T. Shuuth			Original Signed by A. A. Bendrick			
			BY			
			TITLE			
	R. T. Shurtleff (Signe					
District Production Supt.			All sections of this form must be filled out completely for allow-			

able on new and recompleted weils.

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