

**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

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Union Oil Company of California
Address
P.O. Box 7620, Casper, Wyoming 82602

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Change lease name from Navajo

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo I-1	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Indian	Allotted 20-3778	Lease No. N00-C-14-
Location Unit Letter I ; 1500 Feet From The South Line and 1150 Feet From The East					
Line of Section 1 Township 25N Range 11W , 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 Sec. Twp. Rge. Is gas actually connected? When
	I 1 25N 11W No

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. 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 5-10-76	Date Compl. Ready to Prod. 6-18-76	Total Depth 6330'		P.B.T.D. 6300'				
Elevations (DF, RKB, RT, GR, etc.) 6431' GL	Name of Producing Formation Graneros Upper Dakota	Top Oil/Gas Pay 6148-6168 6234-6248		Tubing Depth 6062'				
Perforations 2 SPF 6151-6163 6237-6244						Depth Casing Shoe 6330'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	8-5/8"		813'		550			
7-7/8"	5-1/2"		6,330'		963			
	2-3/8"		6,062'					

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 385	Length of Test 24 hours	Bbls. Condensate None 11	Gravity of Condensate 44.1
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1700#	Casing Pressure (shut-in) 0	Choke Size 28/64"

VI. 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
Harold Simpson (Signature)
District Operations Manager (Title)
9-23-76 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Original Signed
 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 change of condition.
 Separate Forms C-104 must be filed for each pool in multiple