	لم المانية المانية			/	
	DISTRIBUTION			/	
,	SANTA FE		CONSERVATION COMMISSION	Form C-104	
	FILE		FOR ALLOWABLE	Supersedes Old C-104 and C-116	
	U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE	- AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS	
	OIL	-	•		
	TRANSPORTER	4			
	GAS /	4			
	OPERATOR /	4			
1.	PRORATION OFFICE Operator				
	Union Oil Company of California				
	P.O. Box 2620 - Casper, Wyoming 82602				
	Reason(s) for filing (Check proper box	:)	Other (Please explain)		
	New Well	Change in Transporter of:	- Cand trans	chang trans	
	Recompletion	Oil Dry Go	as Brown Pol		
	Change in Ownership	Casinghead Gas Conde	same Ax Seant Reg.	(1)	
	••	,	gas gas		
	If change of ownership give name and address of previous owner				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Allotted Legse No.	
	Navado I-1	2 Ponda Dalas	i i	Allotted NOO-C-14-	
	Navajo I-1	3 Basin Dako	ta January	Indian 20-3778	
	Unit Letter I ; 1500 Feet From The South Line and 1150 Feet From The East				
	Line of Section 1 To	wnship 25N Range	11W , NMPM, San J	uan County	
III.		TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oll	or Condensate 🔀	Address (Give address to which approx	- 1	
	Plateau, Inc.		P.O. Box 108 - Farming	ton, N.M. 87401	
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas(X)	Address (Give address to which approv	ed copy of this form is to be sent)	
	Northwest Pipeline Co	orporation	P. O. Box 1526 - Salt	Lake City, Utah 84110	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe		
	give location of tanks.	1 1 25N 11W	Yes	8-10-77	
	If this production is commission wi		<u> </u>		
	COMPLETION DATA	If this production is commingled with that from any other lease or pool, give commingling order number:  None			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on = (X)	XX	The state of the s	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	•		•		
	5-10-76	6-18-76	6330"	6300 <b>¹</b>	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Graneros	Top Oil/Gas Pay 6148-6168	Tubing Depth	
	6431 G.L.	Upper Dakota	6148-6168	6062 1	
	Perforations			Depth Casing Shoe	
	2 SPF 6151-6163 6237-6244			6330'	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TÜBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	8-5/8"	813	550	
	7-7/8"	5-1/2"	6.330	963	
		2-3/8"	6,062'	303	
<b>57</b>	TEST DATA AND DECLEST OF	OP ALLOWARIE (Towns	A		
		TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo DIL WELL			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	etc.)	
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Į				1	
	Actual Prod. During Test	Oti - Bbis.	Water - Bbls.	Gas-MCF	
	Actual Flod, During 1981	U11 - BB18.	Water - Shie.		
		<u> </u>	<u> </u>	1 2 20 100%	
				The second of the second	
	GAS WELL	·	Y		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Į	385	24 Hours	11	44.1	
г	Testing Mathed (nine Lack as )	Marketon Manageron & Market Am 1	Contra Descript (Chub. (D.)		

Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 1700# 28/64" Back Pressure OIL CONSERVATION COMMISSION

APPROVED\_

SITERT

## 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.

Q. T. Shurtlett
R.T. Shurtleff (Signature) District Production Supt.
(Title)

9-01-77 (Date)

This form is to be filed in compliance with RULE 1104.

Original Segned by A. R. Kendrick

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. Sanarata Forms C-104 must be filed for each good in multiply