is or corner	•••	15	1
DISTRIBUTION			
SANTA FE		TI	
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	$\Box$	
OPERATOR		1	
BBODATION CETTOR		1	

9-01-77

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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 nool in multinly

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RATION OFFICE Operator Union Oil Company of California Address P.O. Box 2620, Reason(s) for filing (Check proper box) Casper, Wyoming 82602 Other (Please explain) KK. New Well Change in Transporter of: Cond trans cha Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate X If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Allotted NOO-C-14 20-3780 Navajo L-12 6 Basin Dakota State, Federal or Fee Indian 1650 Feet From The South Line and 1150 West Feet From The 12 Township 25N Range 11W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Box 108 - Farmington, N.M. 87401 Name of Authorized Transporter of Casinghead Gas or Dry GasXX Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation P. O. Box 1526 - Salt Lake City, Utah 84110 Sec. Unit Twp. Is gas actually connected? If well produces oil or liquids, When 25N Yes 11W 8-8-77 If this production is commingled with that from any other lease or pool, give commingling order number: None V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) XX Date Compl. Ready to Prod. Total Depth 6-16-76 7-6-76 62201 6183 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6388' G.L. Jicarilla & Graneros 5970-6038 5914 Perforations Depth Casing Shoe 5999-6002, 2 SPF 5971-5973 6009-6019, 6025-6031 6,220 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 8-5/8" 12-1/4" 700 450 5-1/2" 7-7/8" 6,220 850 2-3/8" 5,914 V. 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 allowable for this depth or be for full 24 hours) OIL WELL 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. COW. DIST. VIL **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate 1,680 6 Hours 5 (20/24 Hrs) 44.1 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in ) Casing Pressure (Shut-in) Choke Size Back Pressure 1960# ----17/64" I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 6 1077 5 - -APPROVED. 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. By Original Signed by A. R. Kendrick TITLE SUPERVISOR DIRE. er or 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. (Sistature) R.T. Shurtleff District Production Supt. All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title)