

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

I. Operator
Union Oil Company of California
Address
P.O. Box 2620, Casper, Wyoming 82602
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐
Other (Please explain)
Cond. trans change from
Basin Ref.
add gas trans.
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Nava jo 0-12 Well No. 2 Pool Name, Including Formation Basin Dakota Kind of Lease Allotted State, Federal or Fee Indian Lease No. NOO--C-14-20-3781
Location
Unit Letter 0 ; 990 Feet From The South Line and 1800 Feet From The East
Line of Section 12 Township 25N Range 11W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 - Farmington N.M. 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526 - Salt Lake City, Utah 84110
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 12 Twp. 25N Rge. 11W Is gas actually connected? Yes When 8-8-77

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.
7-8-76 7-25-76 6157' 6114'
Elevations (DF, RKB, RT, GR, etc.) 6421' G.L. Name of Producing Formation Jicarilla & Graneros Top Oil/Gas Pay 5993-6055 Tubing Depth 5856'
Perforations 2 SPF 5997-5999 6025-6027 6035-6050 Depth Casing Shoe 6156
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 710' 450
7-7/8" 5-1/2" 6,156' 1,115
2-3/8" 5,856'

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 1,580 Length of Test 2 Hours Bbls. Condensate/MMCF 1.7 (24Hrs-20.4) Gravity of Condensate 44.1
Testing Method (pitot, back pr.) Back Pressure 2000# Casing Pressure (Shut-in) 0 Choke Size 16/64"

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.
R. T. Shurtleff (Signature)
District Production Supt. (Title)
9-01-77 (Date)
OIL CONSERVATION COMMISSION
APPROVED SEP 6 1977, 19
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. 3
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