

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 2620 - Casper, WY 82602-2620

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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

RECEIVED
SEP 05 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

N00-C-14-2

Lease Name Navajo - 124 Fed.	Well No. # 10	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 5199
Location				
Unit Letter _____; 1650 Feet From The South Line and 940' Feet From The East				
Line of Section 24 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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1528, Denver, CO 80201
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Sys. Northwest Pipeline Corp.	Fidelity Union Tower Dallas, TX 75201 P.O. Box 1526, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. 24 25N 11W	No 8-30-85

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.
		X	X					
Date Spudded 8-4-85	Date Compl. Ready to Prod. 8-25-85	Total Depth 6,138	P.B.T.D. 6,087					
Elevations (DF, RKB, RT, GR, etc.) 6,574 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 5,962	Tubing Depth 5,785 5905					
Perforations 5,962-66'; 5,982-86'; 5,996-6,000'; 6,022-30'; 6,048-51'; 6,057-			Depth Casing Shoe 64' 6,130					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8		782'		530			
7 7/8"	4 1/2		6,135		600 1400 SCS			
	2 3/8		5,905					

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)

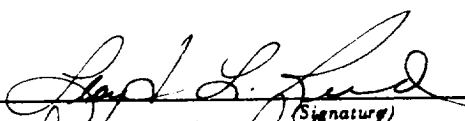
Date First New Oil Run To Tanks 8-25-85	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 140	Casing Pressure 0	Choke Size 32/64
Actual Prod. During Test	Oil-Bbls. 54	Water-Bbls. 70 BLW	Gas-MCF 312 MCF

GAS WELL

Actual Prod. Test-MCF/D 312	Length of Test 24 hr	Bbls. Condensate/MMCF 54	Gravity of Condensate 54
Testing Method (pitot, back pr.) Flow	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 32/64

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.


(Signature)
District Production Superintendent
(Title)
August 28, 1985
(Date)

OIL CONSERVATION COMMISSION

SEP - 5 1985
APPROVED _____, 19____
BY _____ Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 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