

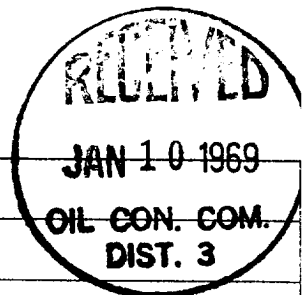
ILLEGIBLE

NEW MEXICO OIL CONSERVATION COMMISSION
REGULATORY TABLE

Form C-104
Supersedes O.C. C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
REGISTRATION OFFICE		



1. Name of Operator: Union Oil Co.
Address: Box 570, Farmington, New Mexico
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): Transporter from E.P.N.C.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Section 104</u>	Well No., Pool Name, Reservoir Formation: <u>Artesian Pictured Cliffs</u>	Kind of Lease: <u>State, Federal or Fee</u>	Lease No.: <u>NA-03561</u>
County: <u>San Juan</u>	Latitude: <u>36° 16' 50" N</u>	Longitude: <u>106° 16' 50" W</u>	
Section: <u>2</u>	Township: <u>36N</u>	Range: <u>16W</u>	County: <u>San Juan</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> : <u>Midland Incorporated</u>	Address (Give address to which approved copy of this form is to be sent): <u>Box 216, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> : <u>Southern Union Gas Company</u>	Address (Give address to which approved copy of this form is to be sent): <u>Box 290, Bloomfield, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit: _____ Sec.: _____ Twp.: _____ Rpt.: _____
Is gas actually connected? <input type="checkbox"/>	When: _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded: <u>10-3-68</u>	Date Compl. Ready to Prod.: <u>10-17-68</u>	Test Depth: <u>2275</u>	P.B.T.D.: <u>2275</u>					
Elevations (DE, RKB, RT, GR, etc.): <u>5791 Gr</u>	Name of Producing Formation: <u>Pictured Cliffs</u>	Top Oil/Gas Pay: <u>2106</u>	Tubing Depth: <u>2109</u>					
Perforations: <u>2136-98, 2208-16, 2 SPT</u>	Depth Casing Shoe: <u>2275</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE: <u>13-1/4"</u>	CASING & TUBING SIZE: <u>8-5/8"</u>	DEPTH SET: <u>99'</u>	SACKS CEMENT: <u>80</u>					
<u>5-3/4"</u>	<u>4-1/2"</u>	<u>2275'</u>	<u>150</u>					
	<u>1"</u>	<u>2109'</u>						

1. TEST DATA (Flow, pump, gas lift, etc.) (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable rate for 24 hours)

Length of Test: _____	Date of Test: _____	Producing Method (Flow, pump, gas lift, etc.): _____
Tubing Pressure: _____	Casing Pressure: _____	Choke Size: _____
Actual Prod. During Test: _____	Oil - Bbls.: _____	Water - Bbls.: _____
		Gas - MCF: _____

Gravity of Condensate: _____	Choke Size: _____

OIL CONSERVATION COMMISSION

JAN 10 1969

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 104.

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 multiply

January 9, 1968
(Date)