

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		
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 UNITED COMPANY		
Address 507 507 Texas Commerce Bank Bldg. Lubbock, Texas 79401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1,	Pool Name, including Formation Fulcher Kutz pc	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 013885
Location Unit Letter C ; 888 Feet From The North Line and 1678 Feet From The West Line of Section 24 Township 29 N. Range 12 W. , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	Farmington, New Mex.					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	5/15/78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10/29/77	Date Compl. Ready to Prod. 3/18/78	Total Depth 1785	P.B.T.D. 1744					
Elevations (DF, RKB, RT, GR, etc.) 5544 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1610	Tubing Depth 1660					
Perforations 1610-1630, 1634-1640, 2 DJX 3/8" jets per ft.			Depth Casing Shoe 1783					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	X 7" 20lb. K-55		93		120			
6-1/4"	4-1/2" 10.5 K-55		1783		210			
	2-3/8" EUE		1660					

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
			MAY 17 1978
			01 10 10 COM.
			DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 700	Length of Test 3 hours	Bbls. Condensate/MMCF nil	Gravity of Condensate nil
Testing Method (pitot, back pr.) pitot	Tubing Pressure (shut-in) 235 psi	Casing Pressure (shut-in) 235 psi	Choke Size 2" tbg open

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.

UNITED COMPANY

By: **B. F. Latch**

Agent

5/15/78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 multiply completed wells.