

NO. OF SPICES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 23 1987

**OIL CON. DIV
DIST. 3**

I. Operator: UNION OIL COMPANY OF CALIFORNIA

Address: P. O. BOX 2620, CASPER, WYOMING 82602

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Gas
 Other (Please explain)

If change of ownership give name and address of previous owner: Amoco Production Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Moncrief Federal</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF 080647</u>
Location Unit Letter <u>D</u> : <u>870</u> Feet From The <u>North</u> Line and <u>1130</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>29</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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)
<u>Permian Corporation</u>	<u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of 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)
<u>El Paso Natural Gas Company</u>	<u>Caller Service 4490 Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: <u>D</u> Sec.: <u>22</u> Twp.: <u>29N</u> Rge.: <u>12W</u>	<u>No</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Lon W. Cardue
(Signature)
DISTRICT OPERATIONS MANAGER
(Title)
APRIL 15, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Gandy APR 23 1987
BY _____ SUPERVISOR DISTRICT #3
TITLE _____

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 completed wells.

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
7-1-85	7-29-85		6277'			6233'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5480' GR	Dakota		5950'			6105'			
Perforations						Depth Casing Shoe			
5950'-5956', 5962'-5968', 6020'-6058', 6082'-6090'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1-1/4"	8-5/8", 24# K55	332'	354 cf
7-7/8"	4-1/2", 11.6# K55	6277'	1563 cf
	2-3/8"	6105'	

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)

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
675 (65')	3 Hours		
Testing Method (publ. back pr.)	Tubing Pressure (Shot-Lb)	Casing Pressure (Shot-Lb)	Choke Size
Back Pressure	320 psig	670 psig	.75"