

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-105
Effective 1-1-65

Operator Union Oil Company of California	
Address P.O. Box 2620, Casper, WY 82602	
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 Montoya A34	Well No. 1	Pool Name, including Formation Basin Dakota & Blanco Mesaverde	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter A	900	Feet From The North	Line and 700	Feet From The East	
Line of Section 34	Township 32N	Range 13W	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)					
The Permian Corp.	P.O. Box 1528, Denver, CO 80290					
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)					
El Paso Natural Gas	P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 32N	Rge. 13W	Is gas actually connected? Yes	When 5-13-82

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 12-31-80	Date Compl. Ready to Prod. Rel. unit 4-2-81	Total Depth 6,950'	P.B.T.D. 6,917' ETD					
Elevations (DF, RKB, RT, CR, etc.) 5,815' GR	Name of Producing Formation Mesaverde & Dakota	Top Oil/Gas Pay MV - 4,488' Dak - 6,720'	Tubing Depth MV - 4,393' Dak - 6,602'					
Perforations MV - 4488-4500'; 4507-16'; 4524-30'; 4536-38'; 4544-54'; 4574-80'; 4586-91'; 4614-16'; 4627-30'; 4712-15'; 4724-31'. Dak - 6720-25'; 6752-54'; 6795-6801'; 6811-14'; 6832-38'; 6869-74'.		Depth Casing Shoe 6950'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-1/2"	9-5/8" csg.	279'	275					
8-3/4"	7" csg.	4,869'	450					
6-1/8"	4-1/2" liner	6,950'	530					
	2-3/8" tbq. (2 strings)	4,393 and 6,602'						

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 Dak. - 300; MV - 818	Length of Test 24 hours	Bbls. Condensate/MMCF 1.8	Gravity of Condensate Dakota 88.30 API MV 56.60 API
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) Dakota 1768 psig MV 1052 psig	Casing Pressure (Shut-in) 0 psig	Choke Size Variable

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.

W. B. Hunt
(Signature)
Westcoast Operations Mgr.
(Title)
5-20-82
(Date)

OIL CONSERVATION COMMISSION

6-1-82
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 deviated 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.

Sanctions Form C-104 must be filed for each pool in multiple.