

**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-111
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 671 - Midland, Texas 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 To designate gas gatherer.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith	Well No. 1	Pool Name, including Formation (East Gem Morrow) ^{R-7114} Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No. 97654
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u>				
Line of Section <u>25</u> Township <u>19-S</u> Range <u>33-E</u> , NMPM, <u>Lea</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)
Phillips Petroleum Co. - Trucks	4001 Penbrook Odessa, Texas 79762
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)
Phillips Petroleum Co.	4001 Penbrook Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	J 25 19-S 33-E Yes May 4, 1983

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 2-8-82	Date Compl. Ready to Prod. 4-10-82	Total Depth 13,650'	P.B.T.D. 13,565'					
Elevations (DF, RAB, RT, GR, etc.) 3,620.5' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,482'	Tubing Depth 14,432'					
Perforations 13,482' - 13,494'	Depth Casing Shoe 13,650'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" OD	1,350'	1100
12 1/4"	9 5/8" OD	5,400'	200
7 7/8"	5 1/2" OD	13,650'	750
	2 3/8" OD tubing		

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 1,772	Length of Test 9.5 hrs.	Bbls. Condensate/MMCF 7	Gravity of Condensate 48.5
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 550	Casing Pressure (Shut-in) Packer	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.

Lon H. Pender
(Signature)
 District Production Superintendent
(Title)
 May 6, 1983
(Date)

OIL CONSERVATION COMMISSION
MAY 23 1983

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

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.

RECEIVED

MAY 9 1983

O.C.D.
HOBBS OFFICE