

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

Operator Jake L. Hamon	
Address 611 Petroleum Building, Midland, Texas 79701	
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Union State	Well No. 2	Pool Name, including Formation North Osudo Morrow	Kind of Lease State, Federal or Fee State	Lease No. E-1782
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

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 Corporation	Box 3119, Midland, Texas 79702					
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)					
Warren Petroleum Corporation	Box 67, Monument, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 20S	Rge. 36E	Is gas actually connected? Yes	When 10/30/79

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

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 8-24-79	Date Compl. Ready to Prod. 10-21-79		Total Depth 11,600		P.B.T.D. 11,527			
Elevations (DF, RKB, RT, GR, etc.) 3,647.7' Gr.	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,336'		Tubing Depth 11,244'			
Perforations 11,338' to 11,350'					Depth Casing Shoe 11,600'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	12-3/4		355		415			
11	8-5/8		5100		1900			
7-7/8	5-1/2		11,600		1st 500, 2nd 285			
5-1/2	2-3/8		11,244		-			

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)

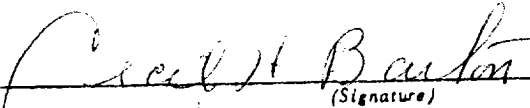
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF


GAS WELL

Actual Prod. Test-MCF/D 13,017 CAOF	Length of Test 4 hours	Bbls. Condensate/MMCF 5.78	Gravity of Condensate 53.6
Testing Method (pilot, back pr.) 4 Point Back Pressure	Tubing Pressure (Shut-in) 2035	Casing Pressure (Shut-in) Packer	Choke Size 14/64

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.


(Signature)
Petroleum Engineer
(Title)
10-29-79
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	NOV 9 1979
BY	
TITLE	SUPERVISOR DISTRICT 4
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.	

RECEIVED
OCT 30 1961
O.C.D. HOBBS, OFFICE
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