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SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

	SANTA FE FILE		REQUES	ST FOR AL	LOWABLE	NOICEIN	Form C-104 Supersedes	Old C-104 and C
	U.S.G.S.	AUTHORIZ	ATION TO T	AND	(() 4110		Effective 1-	1-65
	LAND OFFICE			KANSI OK I	OIL AND	NATURAL	GAS	
	TRANSPORTER GAS							
	OPERATOR							
I	PRORATION OFFICE							
	Union Oil Con	mpany of Calif	ornia		***************************************			
	P. O. Box 67. Reason(s) for filing (Check proper bo		xas 7970)2				
	New Well	Change in Tran	sporter of:		Other (Please	explain)		
	Recompletion	Cil		Gas 🔲	Effec	tive 6-1	-82	
	Change in Ownership If change of ownership give name	Casinghead Ga	S Cond	densate		·		
11	and address of previous owner DESCRIPTION OF WELL AND	TFASE						
	Lease Name	Well No. Pool	Name, Including			Kind of Leas		Lease No.
	Duncan, R. W.	l Ta	tum Wolfca	ımp		State, Feder	olor Fee Fee	
	Unit Letter P : 33	30 Feet From The	South	lne and 3	30	Feet From	The East	
	Line of Section 6 To	ownship 13-S	Range	36-E	, NMPM	Lea		County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND	NATURAL C					
	Name of Authorized Transporter of Or International Crude		ate				ved copy of this form is	
	Name of Authorized Transporter of Co		Dry Gas	Address (C	ive address t	o which appro	. Abilene, Tex	. 79605
	None							,
	If well produces oil or liquids, give location of tanks.	•	Twp. P.ge. 13-S 36-E	1 -	oally connecte	d? Wh	en	
IV.	If this production is commingled we COMPLETION DATA	ith that from any othe	r lease or pool			number:		
	Designate Type of Completi	on - (X)	Gas Weli	New Well	Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v
	Date Spudded	Date Compl. Ready to	o Prod.	Total Dept	<u> </u>	<u> </u>	P.B.T.D.	
	Elevations (DF, RAB, RT, GR, etc.)	Name of Producing F	ormation.	Top 0:1/G				
	, and , and , are on , elect	rame of producing p	omation	Top On/Go	is Pay		Tubing Depth	
	Perforations						Depth Casing Shoe	
		TUBINO	G, CASING, AN	ID CEMENTI	NG RECORD)		
	HOLE SIZE	CASING & TU			DEPTH SE		SACKS CE	MENT
v	TEST DATA AND DECUEST OF	OP ATTOWARTS						
۲.	TEST DATA AND REQUEST FOOL WELL		(Test must be a able for this d	epth or be for	of total volum full 24 hours)	e of load oil a	and must be equal to or	exceed top allow
	Date First New, Oil Run To Tanks	Date of Test		Producing A	dethod (Flow,	pump, gas lif	i, eic.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls	•		Gas-MCF	
ļ								
	GAS WELL							
	Actual Prod. Tost-MCF/D	Length of Test		Bbls. Conde	negte/MMCF		Gravity of Condensate	
-	Testing Riethed (pitet, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pres	sure (Shut-i	.n)	Choke Size	-
VI. (CERTIFICATE OF COMPLIANC	Œ			Oll Co	JUSEBVA.	TION COMMISSIO	
	hereby certify that the rules and regulations of the Oil Conservation immission have been compiled with and that the information given		APPROVED JUN 8 1982 . 19 ORIGINAL SIGNED BY JERRY SEXTON			19		
£	L.H. Pardue							
				TITLE DISTRICT 1 SUPR. This form is to be filed in compliance with RULE 1104.				
	(Signal	(Signature)			If this is a request for allowable for a newly drilled or despe- well, this form must be accompanied by a tabulation of the device			f the doviction
•	District Production		ent	11			ance with RULE 111 t be filled out comple	
	June 2, 1982	τ/		able on n	ev and reco	mpicted wel		_
•	(Uat	c)	manage graph references to a pro-	well name	er number,	or treneporte	nor other such chang	e of condition
			ļ	Septem consol ted		C-104 must	be filed for each po	or in multiple

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1.	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	_ GAS			
IRANSPORTER OIL						
GAS	-					
OPERATOR PRORATION OFFICE						
Operator	one of California					
Address	any of California					
	Midland, Texas 79701					
Reason(s) for filing (Check proper be		Other (Please explain)				
New Well Recompletion	Change in Transporter of: Oil	s Refective No	ovember 1, 1971			
Change in Ownership	Casinghead Gas Conden		-			
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND	D LEASE	What of Co				
Lease Name Duncan, R. W.	Well No. Pool Name, Including Fo		d of Lease No. e, Federal or Fee			
Location						
Unit Letter P;	330 Feet From The South Lin	e and Feet Fro	m The East			
Line of Section 6 T	ownship 13-8 Range 3	36-I , NMPM,	Lea County			
Line of Section •	ownship - I tange	, INIII DIJ	33			
	RTER OF OIL AND NATURAL GA	S	proved copy of this form is to be sent)			
Name of Authorized Transporter of C Mobil Oil Corporat		P.O. Box 900 - Del				
Name of Authorized Transporter of C	• • • • • • • • • • • • • • • • • • • •		proved copy of this form is to be sent)			
None						
If well produces oil or liquids,	Unit Sec. Twp. Rge. P 6 13-8 36-E	Is gas actually connected?	When			
give location of tanks.						
f this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:				
Designate Type of Complete	tion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
Periodicano	Perforditions					
TUBING, CASING, AN		D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load (pth or be for full 24 hours)	oil and must be equal to or exceed top allo			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Feudru or 1 ser	. average a					
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Tubing Process of the Art	Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Oranid Lianama (auge)	0020 0.00			
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION			
		APPROVED NOV 4	1971			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Orig. Signed by				
above is true and complete to	the best of my knowledge and belief.	BY Joe D.				
		TITLE Dist. I	, Supv.			
. 1			in compliance with RULE 1104.			
1/ Duy		If this is a request for al	lowable for a newly drilled or deepend			
17	_{gnature)} uction Superintendent	tests taken on the well in ac	cordance with RULE 111.			
(Title)	All sections of this form able on new and recompleted	must be filled out completely for allowells.			
November 2, 1	······································	Fill out only Sections I	, II, III, and VI for changes of owner porter, or other such change of condition			
	(Date)	well name or number, or transport Separate Forms C-104 n	nust be filed for each pool in multip			
		completed wells.	•			

en i mer same sinost stad specificant

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1 ... 5 1971

OIL CONSERVATION COMM. HOBBS, N. IA.