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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		
0		-

District Production Superintendent

March 6, 1969

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-164
Supersedes Old C-104 and C-110
Effective 1-1-65

LAND OFFICE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J, 10	
TRANSPORTER OIL	_					
GAS						
OPERATOR	4					
I. PRORATION OFFICE				····-	· · · · · · · · · · · · · · · · · · ·	
Union Oil Company of	California					
Address						
P. O. Box 671,	Midland, Texas 7	9701				
Reason(s) for filing (Check proper box			Other	(Please explain)		
New Well	Change in Transporter	r of:				
Recompletion	011	Dry Gas				
Change in Ownership	Casinghead Gas	Conden	sate			
If shares of superphie give name						
If change of ownership give name and address of previous owner						
		. ,				
II. DESCRIPTION OF WELL AND	Well No. Pool Name,	Including Fo	- Decimation	/ Kind of Lea	s e	Lease No.
	2 - Unde	el metod	K-3701	State, Fede	ral or Fee State	B1429
Midway State	2 02300				O LE VE	DATE?
Unit Letter B 810	Feet From The LO	rth	e and 1980	Foot From	The East	
Unit Letter B; OLO	reet From The		e und	Feet From	i the	
Line of Section 12 To	wnship 17-6	Range 3	6- 3	NMPM,	Lea	County
III. DESIGNATION OF TRANSPOR			S			
Name of Authorized Transporter of OI					oved copy of this form i	
The Permian Corporati	COR		P.O. Box	3119, Kidlen	4, Texas 7970 oved copy of this form i	1
Name of Authorized Transporter of Ca	singhead Gas or Dry	Gas	Address (Give a	taress to writer appr	ovea copy of this form t	s to be sent;
None at present	Unit Sec. Twp.	P.ge.	ls gas actually o	connected? W	'hen	
If well produces oil or liquids, give location of tanks.		8 36- 3	To Ito	.omected;		
<u> </u>				 		
If this production is commingled wi	ith that from any other lea	se or pool,	give comminglin	g order number:		
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Wor	kover Deepen	Plug Back Same F	Restv. Diff. Restv.
Designate Type of Completi	on $-(X)$		XX	l l		, , ,
Date Spudded	Date Compl. Ready to Prod	d.	Total Depth	 	P.B.T.D.	
1-3-69	3 -5-69		11,600'		11,599'	
Elevations (DF, RKB, RT, GR, etc.)		ion	Top Oil/Gas Pa	Y	Tubing Depth	
3817' GR	Devonian		11,528'		11,546'	
Perforations	33 5004 33 6hb				Depth Casing Shoe	
11,578' - 11,594' and			CEMENTING	ECORD	11,600'	
	· · · · · · · · · · · · · · · · · · ·		CEMENTING F	PTH SET	SACKS C	EMENT
HOLE SIZE	CASING & TUBING	3 3126	475'	111 321	350	
11"	8 5/8"		4550'		400	
7 7/8"	5 1/2"		11,600		700	
	2 3/8"		11,546'			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Te	st must be a	ter recovery of to	al volume of load o	il and must be equal to d	or exceed top allow:
OIL WELL	<u>abi</u>	le for this de	pth or be for full 2		116	<u></u>
Date First New Oil Run To Tanks	Date of Test			d (Flow, pump, gas	lift, etc.)	
Feb. 21, 1969	3-6-69		Ploving Casing Pressure		Choke Size	
Length of Test	Tubing Pressure		Packer	'	32/64	
24 hours Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas-MCF	
	351		19		69	
370	J/-	····				
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensat	e/MMCF	Gravity of Condense	xte
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i	a)	Cosing Pressure	(Shut-in)	Choke Size	
						
VI. CERTIFICATE OF COMPLIAN	ICE			OIL CONSERV	ATION COMMISS	ON
			(<u>)</u> _	A		10
I hereby certify that the rules and	regulations of the Oil Co	nservation	APPROVED	1	2	_, 19
Commission have been complied above is true and complete to the	with and that the informs ie best of my knowledge i	ation given and belief.	BY		nel	
and the same temperature to the	, 6		P 77'			
—			TITLE	<u> </u>	·	
1 /i /ii -	7.				compliance with RU	
Jelikan	John Tyl	er	If this is	a request for all	owable for a newly dr panied by a tabulation	illed or deepened
(Sign	hature)		well, this for	m must be accom	ordance with RULE	

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 multiply completed wells.

All sections of this form must be filled out completely for allowable on new and recompleted wells.