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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PROBATION 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

**Nov 2 11 57 AM '65**

**I. APPLICANT**  
 Union Oil Company of California  
 P. O. Box 671 - Midland, Texas 79701

Reason for filing: (Check proper box)  
 New Well  Change in Transporter of:  Oil  Dry Gas  Well placed in Triste Draw Delaware Pool per letter dated October 28, 1965, from the N.M.O.C.C.  
 Change in Ownership  Changehead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Federal "K"</b>	Lease No. <b>NN-0433361</b>	Well No. <b>1</b>	Well Name, including Formation <b>Triste Draw Delaware</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Year Began <b>1980</b>	Feet From The <b>South</b>	Line and <b>330</b>	Feet From The <b>East</b>	
Section <b>34</b>	Township <b>23 South</b>	Range <b>32 East</b>	Lea <b>Lea</b>	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter (Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Scorlock Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1501 Houston Club Bldg. - Houston, Texas 77002</b>
Name of Authorized Transporter of Castorhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Gas flared at present time.</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or gas, give location of tanks.	Unit <b>I</b> Sec. <b>34</b> Twp. <b>23-S</b> Rge. <b>32-E</b> Is gas actually connected? <b>No</b> When: <b>-</b>

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RRS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**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
<b>GAS WELL</b>			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**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.

J. F. Wilkinson  
 (Signature)  
 District Office Manager  
 (Title)  
 November 1, 1965  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 multiply completed wells.