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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION 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

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FEB 22 1980

Operator <b>Union Oil Company of California</b>		O. C. D.
Address <b>P. O. Box 671 - Midland, Texas 79702</b>		ARTESIA, OFFICE
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Request for 500 barrel testing allowable while well is in the process of being completed. SA Log 2720-48
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>O'Brien</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Undesignated San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>N</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>1</b> Township <b>8 South</b> Range <b>28 East</b> , NMPM, <b>Chaves</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Koch Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1558 - Breckenridge, Texas 76024</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>1</b>
	Twp. <b>8-S</b>	Rge. <b>28-E</b>
	Is gas actually connected? <b>No</b>	
	When	

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.
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		
TUBING, CASING, AND CEMENTING RECORD								
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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

R. T. Shurtleff  
(Signature)  
**R. T. Shurtleff**  
District Production Superintendent  
(Title)

February 21, 1980

OIL CONSERVATION COMMISSION

FEB 25 1980

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

BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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, number, or transporter, or other such change or condition.

Separate Form C-104 must be filed for each pool in multiple completions.