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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL 1 GAS 1

OPERATOR 1

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

RECEIVED

SEP 27 1965

I. Operator

Union Oil Company of California

Address

P. O. Box 671 - Midland, Texas, 79701

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Oil [ ]
Dry Gas [ ]
Casinghead Gas [ ]
Condensate [ ]

Other (Please explain)
Union Oil Company of California, successor of Pure Oil Company, effective August 1, 1965.

If change of ownership give name and address of previous owner The Pure Oil Company - P. O. Box 671 - Midland, Texas, 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Federal "F"	LC-062085	1	Shugart (Y. SR. Q. G.)	State, Federal or Fee Fed.

Location

Unit Letter A, 660 Feet From The North Line and 660 Feet From The East

Line of Section 31 Township 18 South Range 31 East, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Texas-New Mexico Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2120 - Midland, Texas, 79702

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Phillips Building - Odessa, Texas, 79761

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
A	31	18-S	31-E	Yes	June 5, 1961

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 Resvr. | Diff. Resvr.

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 (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)

OIL WELL

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 (pitot, 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.

(Signature)

(Title)

September 27, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1965, 19

BY M L Armstrong

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 operator, 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.