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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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O. O. C.

ARTESIA, OFFICE

I.

Operator Union Oil Company of California		O. O. C.	
Address P. O. Box 671 - Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Temporary sale of gas to Delta Drilg. Co. for drilling rig fuel.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead 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 Dark Canyon State Com.	Well No. 1	Pool Name, Including Formation Dark Canyon Penn. Gas	Kind of Lease State, Federal or Fee State	Lease No. K-1949
Location				
Unit Letter J	1700	Feet From The South	Line and 2230	Feet From The East
Line of Section 30	Township 23 South	Range 25 East	, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Delta Drilling Company	P. O. Box 866 - Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
Yes (Temporary)		November 18, 1967		

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.
			<input checked="" type="checkbox"/>						
Date Spudded September 7, 1963	Date Compl. Ready to Prod. May 8, 1964	Total Depth 11,640'		P.B.T.D. 9,580'					
Elevations (DF, RKB, RT, GR, etc.) 3908' Gr.	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 8,075'		Tubing Depth 9,150'					
Perforations 9921' - 9921'; 9894' - 9895'; 9642' - 9648'; 9286' - 9300'; 9255' - 9258'; 10,923'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		1,059'		850				
12-1/4"	9-5/8"		5,045'		500				
8-3/4"	5-1/2"		10,923'		750				

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 1240	Length of Test 18	Bbls. Condensate/MMCF 24	Gravity of Condensate
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (shut-in) 1700#	Casing Pressure (shut-in)	Choke Size 10/64"

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.

OIL CONSERVATION COMMISSION

APPROVED **DEC 14 1967**, 19____

BY **W. A. Gressitt**

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.

District Chief Clerk

December 5, 1967