

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
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

MAY 5 1972

Operator Union Oil Company of California	
Address P.O. Box 671 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Forni	Well No. 1	Pool Name, Including Formation Carlsbad Permo Penn	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East					
Line of Section 15 Township 22-S Range 27-E , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation Permian (Eff. 9 / 1 / 87)	P.O. Box 1183, Houston, Texas 77001					
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)					
Llano, Inc.	P.O. Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15	Twp. 22S	Rge. 27E	Is gas actually connected? Yes	When April 27, 1972

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.
		X	X					
Date Spudded January 22, 1967	Date Compl. Ready to Prod. March 31, 1967		Total Depth 10765		P.B.T.D. 10569			
Elevations (DF, RKB, RT, GR, etc.) 3077' GR	Name of Producing Formation Permo Penn		Top Oil/Gas Pay 9656		Tubing Depth 9446			
Perforations 9656 - 9946'					Depth Casing Shoe 10764			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		310		350			
11"	8-5/8"		2568		300			
7-7/8"	5-1/2"		10764		410			
	2-3/8"		9446					

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 1400	Length of Test 24 hours	Bbls. Condensate/MMCF 65	Gravity of Condensate 53.8
Testing Method (pitot, back pr.) Orifice meter	Tubing Pressure (Shut-in) 4400#	Casing Pressure (Shut-in) 1400#	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.

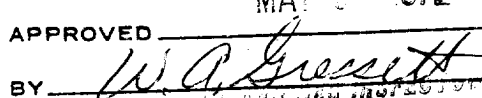

(Signature)
District Production Superintendent
(Title)

May 4, 1972

(Date)

OIL CONSERVATION COMMISSION

MAY 5 1972

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.