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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

Form C-104  
Supersedes Old C-104 and C-1.  
Effective 1-1-65

OCT 07 '87

I. Operator  
Union Pacific Resources Company  
Address  
1400 Smith Street, Suite 1500, Houston, TX 77002  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Company name change only.  
If change of ownership give name and address of previous owner  
Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston, TX

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Pecos-Federal  
Well No.  
1  
Pool Name, including Formation  
East Carlsbad (Wolfcamp) Gas  
Kind of Lease  
State, Federal or Fee  
Federal  
Lease No.  
NM-15870  
Location  
Unit Letter  
C  
660 Feet From The  
North Line and  
1980 Feet From The  
West  
Line of Section  
1  
Township  
22-S  
Range  
27-E  
NMPM,  
Eddy  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
The Permian Corporation  
Address (Give address to which approved copy of this form is to be sent)  
Box 1183, Houston, TX 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Company  
Address (Give address to which approved copy of this form is to be sent)  
Box 1492, El Paso, TX 79999  
If well produces oil or liquids, give location of tanks.  
Unit  
C  
Sec.  
1  
Twp.  
22-S  
Rge.  
27-E  
Is gas actually connected?  
Yes  
When  
1-20-75

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 Rest. ☐ Diff. Rest. ☐  
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  
Part ID-3  
10-23-87  
bky op

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 all able 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.  
Marilyn Day  
(Signature)  
Marilyn Day, Technical Aide  
(Title)  
September 23, 1987  
(Date)

OIL CONSERVATION COMMISSION  
OCT 21 1987  
APPROVED  
Original Signed By  
BY  
Les A. Clement  
Supervisor District II  
TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in mult. completed wells.