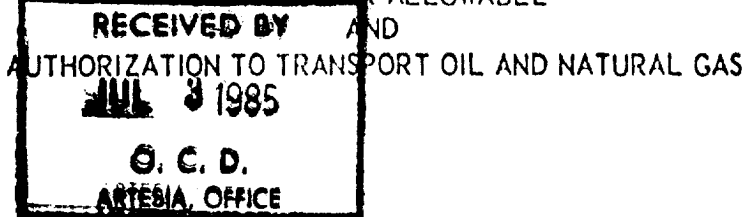


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DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	✓
OPERATOR		✓
PROPRATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-11
Effective 1-1-85

Operator Union Oil Company of California ✓	
Address P. O. Box 671 - Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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 Crawford "27"	Well No. 3	Pool Name, including Formation White City Pennsylvanian	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>L</u> ; <u>825</u> Feet From The <u>west</u> Line and <u>2050</u> Feet From The <u>south</u> Line of Section <u>27</u> Township <u>24-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> 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)	
Transporter <u>Transwestern Pipeline</u>	<u>Box 1182, - Tulsa, Okla.</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? <u>No</u> When <u>11-26-85</u> <u>Negotiating Contract</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

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 3-15-85	Date Compl. Ready to Prod. 5-29-85	Total Depth 11,392'	P.B.T.D. 11,318'					
Elevations (DF, RKB, RT, GR, etc.) 3315' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,116'	Tubing Depth 10,499'					
Perforations 11,116' - 11,252'		Depth Casing Shoe						

* Tubing - 2 3/8" set @ 10,499' TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	400'	500 SXS
12 1/4"	8 5/8"	5,405'	3025 SXS
7 7/8"	5 1/2"	10,800'	950 SXS
Liner 4 3/4"	3 1/2"	11,392'	100 SXS

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 794 MCFD	Length of Test 8 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1300 PSIC	Casing Pressure (Shut-in) PKR.	Choke Size 13/64"

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.

J. C. Merritt

District Production Superintendent

(Title)

June 28, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED

SEP 9 1986

, 19

BY

Original Signed By

J. C. Merritt

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

Separate Forms C-104 must be filed for each pool in multiple completed wells.