

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

FEB -9 1987

O.C.D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Union Oil Company of California

Address

P. O. Box 671 Midland, Texas 79702

Reason(s) for filing (Check proper box)

☐ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas ☒ Dry Gas

☒ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Barclay Federal	1	Undesignated - Morrow	State, Federal or Fee Federal	NM22080
Location				
Unit Letter	N	660 Feet From The	South Line and	1980 Feet From The
Line of Section	1	Township	23-S	Range 31-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)
Koch Oil Co.	Box 1558 Breckenridge, Tx 76024
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)
Citigas Corporation	200 N. Loraine Midland, Tx 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
N 1 23S 31E	Is gas actually connected? When
Yes	5-7-86 Post ID-3

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Tommy Hale
(Signature)
Tommy Hale
District Clerical Supervisor

January 30, 1987

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987, 19
Original Signed By
BY Supervisor District II
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 deviated 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.