DISTRIBUTION			
SANTA FE	✔		
FILE	✔	✔	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	✔	
	GAS	✔	
OPERATOR	✔		
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-1
Effective 1-1-65

RECEIVED MAY 19 1986 O.C.C. ARTESIA OFFICE

Operator
Union Oil Company of California

Address
P. O. Box 671   Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion	☐	Oil ☐ Dry Gas X	
Change in Ownership	☐	Casinghead Gas ☐ Condensate ☐	

Other (Please explain)

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Barclay State	1	Wildcat - Morrow	State	V-316

Location

Unit Letter __I__ ; 660 Feet From The East Line and 1980 Feet From The South

Line of Section 2   Township 23-S   Range 31-E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate X
~~None~~ Koch Oil Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1558 Brokenridge, Tx, 76021

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas XX
~~New Energy Company~~ Citizen Gas.
Address (Give address to which approved copy of this form is to be sent)
200 N. Loraine   Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	2	23	31	~~No~~ yes	6-26-86

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

V. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-24-86	5-4-86	15136'	14580'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3459' Gr	Morrow	14062'	12275' TX-164

Perforations	Depth Casing Shoe
14062' - 14466'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	743'	500
12-1/4"	10-3/4"	4466'	1750
9-1/2"	7-5/8"	12600'	2050
	4-1/2" Liner	Top 12333' - Btm. 15133'	500

VI. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
694	24	0	

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3640	Packer	Various

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) J. C. Merritt
(Signature)

District Production Supt.
(Title)

May 15, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 10 1987** , 19____

BY Original Signed By
Les A. Clements

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 conditions.

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

* Tubing - 2-3/8" Set at 12275'   Packer 12275'