J. 46 CO., CJ		1/12	ì
DISTRIBUTION			
SANTA FE			
FILE		1	 _
U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	2	
OPERATOR		1	
		17	 1

	SANTA FE / FILE / U.S.G.S.	REQUEST	CONSERVATION COMIT FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65					
	LAND OFFICE TRANSPORTER OIL / GAS Z OPERATOR ,	AUTHORIZATION TO TR	ANSPUK I UIL AND	NA IURAL GAS					
1.	PRORATION OFFICE Operator								
	Union Oil Company of California								
	P. O. Box 2620 - Casper, Wyoming 82602								
	Reason(s) for filing (Check proper box) New Well XX								
	Recompletion Change in Ownership	Oil Dry G	as dry	Southern Unio		g Co.			
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND								
	Federal	Well No. Pool Name, Including F 1 Basin Dako		Kind of Lease State, Federal or Fe	• Fed.	Legse No. 078621-A			
	Unit Letter H; 1	730 Feet From The North Li	ne and1060	Feet From The	East				
	Line of Section 24 T	ownship 25N Range	11W , NMPA	, San Juar	1	County			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								
	Plateau, Inc.		P.O. Box 108 -	Farmington N	N.M. 87401	•			
	Name of Authorized Transporter of C Southern Union Gathe Northweat Pipeline C	ring Co, orporation	Fidelity Union P.O. Box 1526	to which approved cor Tower, Dalla - Salt Lake (y of this form is to s. Texas Lity Utah	ፃ52ዕፕ ^{ነ)} 84110			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 24 25N 11W	Is gas actually connect Yes	ed? When	3 - 10-77				
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling orde	r number:	lone				
	Designate Type of Complet		New Well Workover	Deepen Plug	Back Same Res	v. Diff. Res'v.			
	Date Spudded 10-26-75	Date Compl. Ready to Prod. 11-24-75	Total Depth 6181 t	P.B.	r.d. 6140				
	Elevations (DF, RKB, RT, GR, etc.) 6508 G.R.	Name of Producing Formation Graneros Sands	Top Oil/Gas Pay Tub: 5943		bing Depth 5889 [†]				
	Perforations 2 deep penetrating shots each @ 5943, 5944, 5945, 5970, 5971, 5974, 5981, 5989, 5990, 5991, 5992, 5993, 5996. Depth Casing Shoe 6178*								
		TUBING, CASING, AND CEMENTING RECORD							
	12-1/4"	CASING & TUBING SIZE 8-5/8"	723 T	ET	SACKS CEM	ENT			
	7-7/8"	5-1/2"	6,178'		300				
		2-3/8"	5,889						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)								
İ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Chok	hoke Size				
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas -	MCF				
i	GAS WELL								
[Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	Gravi	Gravity of Condensate				
	8013 Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (Shut-in)	Trace Casing Pressure (Shut	-(n)	.675 (es	t.)			
l	Back Pressure	2002	O O	Chok	3/4" Po	s.			
VI.	CERTIFICATE OF COMPLIAN	CE	11	CONSERVATION	1				
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.			APPROVED						
									Harded Simpson
	/ (6)	atwe)	well, this form must	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					
Ī	iarold Simpson District Operations Mana		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-						
	•	isle) 10-77	able on new and re-	completed wells.					
-		ate)	Fit1 out only Sections I, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.						

Sanarata Forms C-104 must be filled for each nool in multiply