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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-110
Effective 1-1-65

I. Operator
Union Oil Company of California

Address
P. O. Box 671 - Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

See attached permit

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midway State	Well No. 1	Pool Name, including Formation Wildcat Leighton-Devonian	Kind of Lease State, Federal or Fee State	Lease No. B-1429
Location Unit Letter F ; 2310 Feet From The north Line and 2310 Feet From The west				
Line of Section 12 Township 17 south Range 36 east , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None at present	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit F Sec. 12 Twp. 17-S Rge. 36-E Is gas actually connected? No When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded October 23, 1968	Date Compl. Ready to Prod. December 22, 1968	Total Depth 16,671'	P.B.T.D. 11,590'					
Elevations (DF, RKB, RT, GR, etc.) 3818 Gr	Name of Producing Formation Devonian	Top Oil/Gas Pay 11,310'	Tubing Depth 11,530'					
Perforations 11,476 - 11,520						Depth Casing Shoe 11,671'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4" OD Casing	456'	300
11"	8 5/8" OD Casing	4,461'	400
7 7/8"	5 1/2" OD Casing	11,671'	670
	2 3/8" OD Tubing	11,530'	

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 December 22, 1968	Date of Test December 23, 1968	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 65#	Casing Pressure Packer	Choke Size 32/64"
Actual Prod. During Test 538	Oil-Bbls. 538	Water-Bbls.	Gas-MCF 91.5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

W. Burger (Signature)
Petroleum Engineer (Title)
December 26, 1968 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *John A. King*

TITLE _____

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 multiply completed wells.