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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

**RECEIVED**

SEP 27 1965

I. Operator: Union Oil Company of California

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

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): Union Oil Company of California, successor by merger, effective August 1, 1965.

If change of ownership give name and address of previous owner: The Pure Oil Company - P. O. Box 671 - Midland, Texas, 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Permian	Kind of Lease			
Federal "F"	LC-Cc2085	2	Shugart (Y. SR. G. G.)	State, Federal or Fee Federal			
Location							
Unit Letter		Feet From The		Feet From The			
B	660	North	Line and	1980	East		
Line of Section	31	Township	18 South	Range	31 East	County	Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Company	P. O. Box 1510 - Midland, Texas, 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Phillips Building - Odessa, Texas, 79761					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Age.	Is gas actually connected?	When
	A	31	18-S	31-E	Yes	June 9, 1960

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
(X)								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

J. T. Wilkinson  
 District Office Manager  
 September 7, 1965

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1965

BY M. L. Armstrong

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deep 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 multiply completed wells.