NO. OF COPIES RECEIVED			
DISTRIBUTION		NSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	
LAND OF FICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS
TRANSPORTER			
GAS			
OPERATOR			
I. PRORATION OFFICE	<u> </u>		
Union 011 Company o	f California		
Address			
P.O. Box 671 - Midl Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion.	Cil Dry Gas		
Change in Ownership	Casinghead Gas Condens	ate	
If change of ownership give name			
and address of previous owner		······································	,
II. DESCRIPTION OF WELL AND	LEASE		/
Leuse Name	Well No. Pool Name, Including For	Trains / Jana Kind of Lease (+1) (+1) (+1) (+1) (+1) (+1) (+1) (+1)	
State "13"	1 Undesignated	K-34/1 Sidle, Federa	or Fee State K 4544
Leoation That Letter E : 1.98	O Feet From The North Line	and 660 Feet From	Ine West
That Letter E : 1,98	Feet From The store of Line		
Line of liertion 13 To	wnship 10-8 Range	33-8 , NMPM,	Los County
III. DESIGNATION OF TRANSPOR	CTER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sent)
The Permian Corporatio		P.O. Box 3119 - Midland	. Texas 79701
ilame of Authorized Transporter of Co		Address Give address to which appro	ved copy of this form is to be sent)
If well produces on or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en
t give location of tanks.	B 13 10-5 33-5		
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool, g	give commingling order number:	
	(V)	New Well Workover Deepen	Flug Back Same Resty, Diff. Resty,
Designate Type of Completi		X	
Date Spudied	Date Compl. Ready to Prod.	Total Depth 9,820'	9,758 ¹
1-31-68 Elevations (DF, RKB, RT, GR. etc.,	3-7-68 Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
4,202' Gr	Permo-Penn.	9,700'	9,603'
Periorations			Depth Casing Shoe
9,713'-9,722'			9,800'
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	398*	250
11"	8-5/8"	4,000*	400
7-7/8"	5-1/2"	9,800*	300
	2-3/8"	9,603'	
V. TEST DATA AND REQUEST I OIL WELL	FOR ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
3-7-68	3-10-68	Flowing	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
360	317	43	439
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	- Dhe. Condensate/ MMCL	States of conveniente
Testing Method (pitot, back p)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information given	APPROVED	Provention
above is true and complete to t	he best of my knowledge and belief.	BY Joan W.	migan
		TITLE	
-1/	71		compliance with RULE 1104.
Arte Sale		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	
(Signature)		well, this form must be accomp tests taken on the well in acc	enied by a tabulation of the deviation ordance with RULE 111.
District Production 8		All sections of this form m	just be filled out completely for allow
March 11, 1968	Title)	able on new and recompleted w Fill out only Sections I.	IT III and VI for changes of owner
	Date;	well name or number, or transpo	orter, or other such change of condition
		Separate Forms C-104 mu	st be filed for each pool in multiply

completed wells.