	NO. OF COPIES REC	EIVED				
	DISTRIBUTION					
	SANTA FE					
	FILE					
	u.s.g.s.			AUT		
	LAND OFFICE					
	TRANSPORTER	OIL GAS				
ı.	OPERATOR					
	PRORATION OFFICE					
	Operator	<u>-</u>				
	Uni	on Oil	Compa	any of		
	Address					
	Р.	0. Box	671,	Midlan		
	Reason(s) for filing (Check proper box)					
	New Well	لعا		Chang		
	Recompletion			Oil		
	Change in Ownershi	p		Casin		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION O	F WELL	AND I			
	Lease Name			Well		
	State "12"					
	Location					
	Unit Letter	·	660)Feet		
	Line of Section	12	Tow	nship 10		
III.	DESIGNATION OF TRANSPORTER OF O					
	Service	ne	-, , , -			
	Name of Authorized	ransport	er of Cas:	.ngnead Ga:		

	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
	TRANSPORTER OIL GAS OPERATOR		000 1 1 212 111 95					
1.	Operator							
	Union Oil Company of California							
	P. O. Box 671, Reason(s) for filing (Check proper box)	P. O. Box 671, Midland, Texas 79701 con(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:	Office (1 rease explains)					
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	≒ :					
	If change of ownership give name and address of previous owner							
	·	SCRIPTION OF WELL AND LEASE UNDESIGNATED						
Lease Name Well No. Pool Name, Including Formation Kind o				4				
	State "12"	I - Inbe Permo-P	State, Federal Stylucinic n R-3565	d or Fee State K 5173				
	Unit Letter M ; 660		,	The West				
	Line of Section 12 Tow	nship 10-S Range 3	.3-E , ммрм, Le a	3 County				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA						
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which appro-	·				
	Service Pipeline Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro					
	If we'll produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. E 13 10-S 33-E	Is gas actually connected? Wh	en				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number: (CTB 184				
	Designate Type of Completio	n = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.				
	6-26-68	7-26-68	97901	97581				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
	4202	Permo Penn	9707 '	95921				
	Perforations 9712 - 9721 9790 9790 9790 9790 9790 9790 9790 979							
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT				
	15"	11 3/4"	400'	250				
	11"	8 5/8"	3950'	400				
	7 7/8"	5 1/2"	9790'	300				
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. WELL							
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
	7-26-68	7-26-68 Tubing Pressure	Flow Casing Pressure	Choke Size				
	Length of Test							
	24 Hrs. Actual Prod. During Test	300 Oil-Bbls.	Packer Water-Bbis.	28/64 Gas-MCF				
	492	492	0	668				
	GAS WELL							
	Actual Prod. Teet-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.	ERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION				
	I hereby certify that the rules and i	egulations of the Oil Conservation	APPROVED, 19					
	Commission have been complied v	vith and that the information given best of my knowledge and belief.	BY MANY					
			TITLE					
	D. R. Bell (Signature)		This form is to be filed in compliance with RULE 1104.					
	1 3: 1	a val	wall this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation				
	Area Superintendent		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,					
	(Ti	tle)						
	July 29, 1968	ate)	well name or number, or transpo	rter, or other such change of condition.				
			Separate Forms C-104 must be filed for each pool in multiply					