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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	-	
PRORATION OF	FICE	

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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S
LAND OFFICE	ACTIONIZATION TO TRAINS SKY SIE MAS MATORICE SAS		
OIL			
TRANSPORTER GAS			
OPERATOR			
PROBATION OFFICE			
Operator			
Union Cil Company	of California		
Address	OI VALLI OI III A		
D O Bar 471	Midland, Texas 79701		
P. O. Bex 67.1 - Reason(s) for filing (Check proper box)		Other (Please explain)	
	Change in Transporter of:		y this well from an
New Well	r — 1		
Recompletion	<u> </u>		II to all oly merr.
Change in Ownership	Casinghead Gas Conden	sule LJ	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND I	LEASE.		No.
Lease Name	Well No. Pool Name, Including Fo		Lease No.
Federal #18#	2 Bluitt San Andr	es Associated State, Federal of	Fee Federal NM 1737
Location			
Unit Letter P . 66	O Foot From The South	e and 660 Feet From Th	_e East
Unit Letter;;	reet riom the		
Line of Section 18 Tov	wnship 8 South Range 3	8 Fast , NMPM, Roose	velt County
Eine of Section 20			
II. DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL GA	S _i	
Name of Authorized Transporter of Oil	or Condensare	Address (Give address to which approve	d copy of this form is to be sent)
i		P. O. Box 900 - Dal	las. Texas 75221
Mobil Oil Corporation Name of Authorized Transporter of Cas	singhed Gas To ar ary Gas	Address (Give address to which approve	d copy of this form is to be sent)
Cities Service Oil Com		Bartlesville, Oklahoma Is gas actually connected? When	(400)
If well produces oil or liquids,			
give location of tanks,	P 18 8-S 38-E	Yes	May 18, 1970
If this production is commingled wir	th that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA			Plug Back Same Resty. Diff. Resty.
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completion	1	1	!
Date Spudded	Date Compl. Ready to Mond.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING AND	CEMENTING RECORD	
101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOSHIO SIZE		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allow
OIL WELL	ante for this as	Producing Method (Flow, pump, gas lift	ato)
Date First New Oil Run To Tanks	Date of Test		, 610.7
See Sec. I above.	3-25-71	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	125	Packer	20/64
Actual Proc. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
	26	, 0	230
26			
CAC WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Plod. 1981-MCF/D			
	This Bearing (ghat to)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Chaing Fless and (Date 2-)	3.020
VI. CERTIFICATE OF COMPLIAN	ICE	QIL CONSERVA	TION COMMISSION
		1 / 1 1/15 70	1071
Therefore and the sheet sheet and	regulations of the Oil Conservation	APPROVED /	, 19
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.			A 1/2 x 6 - 2
		BY	
4		TITLE	
\ \		TITLE	
1/1/1		This form is to be filed in c	ompliance with RULE 1104.
	G. W. Coombes	1	able for a newly drilled or deepene

Miloson	G. W. Coombes
(Signature)	WI COL
District Operations Mana	ag er
(Title)	
March 26, 1971	

(Date)

well, this form must be accompanied by a tabulation of th 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.