

SANTA FE		
FILE		
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

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 <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL AND YOU DO NOT CONCUR WITH THE ACTION
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "17" A	Well No. 1	Pool Name, including Formation Bluitt San Andres Associated R-4032	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0559817
Location Unit Letter J ; 1830 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 8-South Range 38-East , NMPM, Roosevelt 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"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 17	Twp. 8-S	Rge. 38-E
			Is gas actually connected? Yes	When 7/9/70

If this production is commingled with that from any other lease or pool, give commingling order number: Pending

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 6-27-70	Date Compl. Ready to Prod. 7-9-70		Total Depth 4801		P.B.T.D. 4779			
Elevations (DF, RKB, RT, GR, etc.) 3981.7 GR	Name of Producing Formation Todd		Top Oil/Gas Pay 4754		Tubing Depth 4552			
Perforations 4754-4775'					Depth Casing Shoe 4779			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2"	8-5/8"		358'		175 Sacks			
7-7/8"	4-1/2"		4801'		400 Sacks			
	2-3/8"		4552'					

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 7-9-70	Date of Test 7-10-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 200	Casing Pressure -0-	Choke Size 16/64"
Actual Prod. During Test 225	Oil-Bbls. 225	Water-Bbls. None	Gas-MCF 106

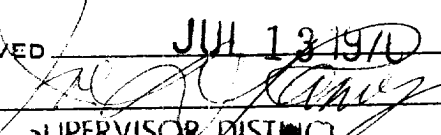
GAS WELL

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.


(Signature)
District Drilling Superintendent
(Title)
July 10, 1970
(Date)

OIL CONSERVATION COMMISSION
APPROVED  JUL 13 1970, 19
BY
TITLE SUPERVISOR DISTRICT

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.