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TRANSPORTER	OIL	
	GAS	
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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

I.

Operator Union Oil Company of California	
Address P. O. Box 671 Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "17"	Well No. 2	Pool Name, Including Formation Bluitt San Andres Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. NM 1737
Location				
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The West
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 Pipe Line	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 checked="" 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 74003					
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 7/25/70

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-6-70	Date Compl. Ready to Prod. 7-25-70		Total Depth 4776			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.) 3982.4 GR.	Name of Producing Formation Todd		Top Oil/Gas Pay 4743			Tubing Depth 4738		
Perforations 4743' - 4764'				Depth Casing Shoe 4776				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		362'		175 Sacks			
7-7/8"	4-1/2"		4776'		400 Sacks			

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 7-25-70	Date of Test 7-30-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 103	Oil-Bbls. 101	Water-Bbls. 2	Gas-MCF 59

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Prod. Supt.
(Title)
July 31, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
TITLE Geologist

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.