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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		CASINGHEAD GAS MUST NOT BE RELEASED AFTER 3/7/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. Other (Please explain) Request temporary commingle authority pending approval of formal application submitted to Santa Fe January 8, 1971.
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"/>		

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "20"	Well No. 1	Pool Name, Including Formation Bluitt San Andres Associated	Kind of Lease State, Federal or Fee Federal	Lease No. NM0559817
Location Unit Letter B ; 510 Feet From The North Line and 1980 Feet From The East Line of Section 20 Township 8 S Range 38 E , 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? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-215 amendment 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 12-19-70	Date Compl. Ready to Prod. 1-5-71		Total Depth 4798'		P.B.T.D. 4780'			
Elevations (DF, RKB, RT, GR, etc.) 3975 KB, 3965 GL	Name of Producing Formation Todd		Top Oil/Gas Pay 4751'		Tubing Depth 4548'			
Perforations 4751 - 4769'					Depth Casing Shoe 4798'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		352'		175			
7-7/8"	4 1/2"		4798'		400			
	2-3/8"		4548'					

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)

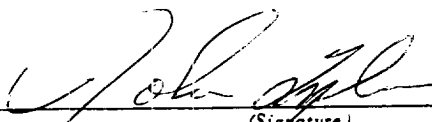
Date First New Oil Run To Tanks 1-5-71	Date of Test 1-6-71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 180	Casing Pressure -	Choke Size 18/64"
Actual Prod. During Test 184	Oil - Bbls. 184	Water - Bbls. -0-	Gas - MCF 94

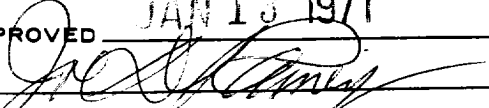
GAS WELL

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 Production Superintendent
(Title)
January 8, 1971
(Date)

OIL CONSERVATION COMMISSION
JAN 13 1971
APPROVED _____, 19____
BY 
TITLE **SUPERVISOR DISTRICT I**

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.