

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Union Oil Company of California
Address
P.O. Box 671 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "17" A	Well No. 2	Pool Name, Including Formation Bluitt San Andres Associated	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0559817
Location Unit Letter P ; 660 Feet From The South Line and 810 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 Pipe Line 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 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			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 17	Twp. 8-S	Rge. 38-E
Is gas actually connected?		When 5-11-71		

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-215**

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 4-19-71	Date Compl. Ready to Prod. 5-10-71		Total Depth 4796'		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 3969.5 CR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4747'		Tubing Depth 4606'			
Perforations 4747 - 4774'					Depth Casing Shoe 4796'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		354.60'		175			
7-7/8"	4 1/2"		4796'		300			
	2-3/8"		4606'					

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 5-10-71	Date of Test 5-11-71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 80#	Casing Pressure 0	Choke Size 3 1/4/6 1/4"
Actual Prod. During Test	Oil - Bbls. 181	Water - Bbls. 0	Gas - MCF 73.3

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.

T. J. Burger (Signature)
Acting District Production Superintendent (Title)
May 13, 1971 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 20 1971**, 19
BY **[Signature]**
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.