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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. **Operator** Union Oil Company of California **Well API No.** _____
Address: P.O. Box 671 - Midland, TX 79702
Reason(s) for Filing (Check proper box): ☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas ☐ ☐ Change in Operator ☐ Casinghead Gas ☒ Condensate ☐ Effective date of change 8-30-91
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name M.C. Grail **Well No.** 1 **Pool Name, including Formation** Bluitt San Andres Associated **Kind of Lease** State, Federal or Fee **Lease No.** _____
Location
Unit Letter H **Section** 18 **Township** 8-S **Range** 38-E **NMPM** Roosevelt **County** _____
Feet From The north **Line and** 660 **Feet From The** east **Line** _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co ☒ or Condensate ☐ **Address (Give address to which approved copy of this form is to be sent)** P.O. Box 2436 - Abilene TX 79604
Name of Authorized Transporter of Casinghead Gas Trident NGW Inc. ☒ or Dry Gas ☐ **Address (Give address to which approved copy of this form is to be sent)** P.O. Box 50250 - Midland TX 79702
If well produces oil or liquids, give location of tanks. **Unit** H **Sec.** 18 **Twp.** 8-S **Rgs.** 38-E **Is gas actually connected?** Yes **When?** 8-18-71
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded								
Date Compl. Ready to Prod.								
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

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank _____ **Date of Test** _____ **Producing Method (Flow, pump, gas lift, etc.)** _____
Length of Test _____ **Tubing Pressure** _____ **Casing Pressure** _____ **Choke Size** _____
Actual Prod. During Test **Oil - Bbls.** _____ **Water - Bbls.** _____ **Gas- MCF** _____
GAS WELL
Actual Prod. Test - MCF/D _____ **Length of Test** _____ **Bbls. Condensate/MMCF** _____ **Gravity of Condensate** _____
Testing Method (puot, back pr.) _____ **Tubing Pressure (Shut-in)** _____ **Casing Pressure (Shut-in)** _____ **Choke Size** _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Charlotte Beeson
Signature Charlotte Beeson-Drlg. Clerk
Printed Name 12-19-91 (95)682-5731 **Title** _____
Date _____ **Telephone No.** _____

OIL CONSERVATION DIVISION

Date Approved DEC 23 1991
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.