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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION 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-1
Effective 1-1-65

I. OPERATOR

Operator: Union Pacific Resources Company

Address: 1400 Smith Street, Suite 1500, Houston, TX 77002

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): Company name change only.

If change of ownership give name and address of previous owner: Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston, TX

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "6"</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Chaveroo (San Andres)</u>	Kind of Lease State, Federal or Fee <u>State NM</u>	Lease No. <u>K-2779</u>
Location Unit Letter <u>H</u> <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>8-S</u> Range <u>33-E</u> NMFM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobile Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300, Tulsa, OK 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>6</u>	Twp. <u>8-S</u>	Rge. <u>33-E</u>
Is gas actually connected? <u>Yes</u>				When <u>11-21-76</u>

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.	Diff. Res.
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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 (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.

Marilyn Day
(Signature)
Marilyn Day, Technical Aide
(Title)
September 23, 1987
(Date)

OIL CONSERVATION COMMISSION
OCT 20 1987
APPROVED _____, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi
Separate Forms C-104 must be filed for each pool in mul

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