| : | NO. OF (04:15 RECEIVED | - - | | | |
|------|--|--|--|---|--|
| | SANTA FE | | ONSERVECTON COMMISSIL FOR ACLOWABLE | Form C-104 Supersedes Old C-10\$ and C-110 | |
| | AND Electure 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | |
| | LAND OFFICE | _ | | | |
| | GAS OPERATOR | | | | |
| Ĭ. | PRORATION OFFICE Operator | | | | |
| | Union Oil Company of California | | | | |
| | P. O. Box 671 - Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) | | | | |
| | New Well Change in Transporter of: | | Change in transporter of oil from | | |
| | Recompletion Oil X Dry Gas U.P.G., Inc. effective August 6, 1979. Change in Ownership Casinghead Gas Condensate | | | ctive August 6, 1979. | |
| | If change of ownership give name and address of previous owner | | | | |
| | DESCRIPTION OF WELL AND | LEASE | | | |
| | Lease Name Well No. Pool Name, including Formation Kind of Lease Lease No. Tom "36" State 2 Under ignated State Lease No. | | | | |
| | Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East | | | | |
| | 2/ | | | | |
| | L | ······ | | esCounty | |
| III. | | | Address (Give address to which approved copy of this form is to be sent) | | |
| | Koch Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas | | P. O. Box 1558 - Breckenridge, Texas 76024 Address (Give address to which approved copy of this form is to be sent) | | |
| | None If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When | | | | |
| | give location of tanks. H 36 7-S 31-E No If this production is commingled with that from any other lease or pool, give commingling order number: | | | | |
| | COMPLETION DATA | Oil Well Gas Well | | Plug Back Same Rec'v. Diff. Res'v. | |
| | Designate Type of Completion | on - (X) Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Oil/Cas 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 Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- 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 | Cil-Bbls. | Water-Bbis, | Gas - MCF | |
| | GAS WELL | GAS WELL | | | |
| | Actual Pred. 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) | Choko Size | |
| VI. | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | |
| | 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. | | APPROVED APPROVED 19 | | |
| | | | BYGeologiat | | |
| | A - DI LA | | TITLE | | |
| | R. T. Shurtleff (Signature) R. T. Shurtleff | | | | |
| | District Production Supt. | | | | |
| | (Tille) August 7, 1979 | | sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well news or number, or transporter, or other such change of condition. | | |
| | (D | ate) | Separate Forms C-104 must | be filed for each pool in multiply | |
| | | | 1 completed wells. | | |