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U.S.G.S.		
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		
Address P. O. Box 671 - Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/23/79 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.
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 Tom "36" State	Well No. 1	Pool Name, including Formation Undesignated (Tomahawk San Andres)	Kind of Lease State, Federal or Fee	Lease No. State L-5120
Location				
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East
Line of Section 36	Township 7-South	Range 31 East	, NMPM, Chaves 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"/>	Address (Give address to which approved copy of this form is to be sent)					
U.P.G., Inc.	P. O. Box 66 - Liberal, Kansas 67901					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36	Twp. 7-S	Rge. 31-E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7- 9-79	Date Compl. Ready to Prod. 7-23-79		Total Depth 4,295'		P.B.T.D. 4,252'			
Elevations (DF, RKB, RT, GR, etc.) 4420' GR.	Name of Producing Formation San Andres		Top Oil/Gas Pay 4,104'		Tubing Depth 4,063'			
Perforations 4,104' to 4,138'					Depth Casing Shoe 4,295'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		1,749'		750 sx Circul. to surf.			
7-7/8"	5-1/2" OD		4,295'		400 sx			
	2-3/8" OD		4,063'					

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 7-23-79	Date of Test 7-26-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 7-1/2 Hours	Tubing Pressure 240	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 162	Water-Bbls. 18	Gas-MCF 70

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.

E. C. Stangle

(Signature)

Action District Production Superintendent

(Title)

July 27, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 1 1979**, 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 allow-

able to be determined. All sections must be filled out completely for allow-