NO. OF COPIES MEEL	1460		
DISTRIBUTION			
SANTA FE			
FILE:			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSPONIEN	GAS		
OPERATOR			
PROPATION OF			
Operator			
Union Oil Co	ompany	to v	<u>- C</u>
Address			
P. O. Box 6	71 - 1	Mid]	an
Reason(s) for filing	(Check t	roper	box

NEW MEXICO OIL CONSERVATION COMMI REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-17 Effective 1-1-65

FILE:		AND	Function 1-1-02
u,s.g.s.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
LAND OFFICE	_{		
FRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE			
Union Oil Company of (California		
P. O. Box 671 - Midlar Reason(s) for filing (Check proper bo	id. lexas /9/0/	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil KX Dry Gas	Effective 11-1-	82
Change in Ownership	Casinghead Gas Conden	sate [_]	
If change of ownership give name			
and address of previous owner			
DOCUMENT OF WELL AND	TPACE		
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Duncan, R. W.	7 Tatum Wolfca	amp State, Federa	lor Fee Fee
Location			
Unit Letter P ;	330 Feet From The South Lin	e and 330 Feet From	rhe east
Olif Letter			
Line of Section 6 T	ownship 13-S Range	36-E , NMPM,	Lea County
. DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of C	ii KX or condensate		
J. M Petroleum Name of Authorized Transporter of C	asinghead Gas or Dry Gas	O N. Tower, Plaza of the Address (Give address to which appro	ved copy of this form is to be sent)
1	asingnista out and out and		
None	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en
If well produces oil or liquids, give location of tanks.	P 6 13-S 36-E	No	
		give commingling order number:	
If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Complet			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
		Top Oil/Gas Pay	·Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	100 017 042 747	
			Depth Casing Shoe
Perforations			
	TURING CASING AN	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING C. POSING SILE		
			<u>i</u>
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 allo
OIL WELL	able for this d	epth or be for full 24 hours;	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, eicij
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
		Water-Bbls.	Gas-MCF
Actual Pred. During Test	Oil-Bbls.		
			·
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Edildrin or 1997		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
lesting Method (pitot, back pity			
	NCE.	OIL CONSERV	ATION COMMISSION
I. CERTIFICATE OF COMPLIA	MUE		
	od regulations of the Oil Conservation	APPROVED NOV 3	1982
I hereby certify that the rules ar	nd regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief.		NED RA
- Laure base committee	the best of my knowledge and belief.	BY	

VI

Lon H. Pardue

District Production Superintendent

November 1, 1982

(Title)

JERRY SEXTO DISTRICT 1 SUPR.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despendituelly, this form must be accompanied by a tabulation of the deviation tests taken on the wall in accordance with MULE 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 owns, well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

NOV 2 1982

O.C.D.