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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 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> (Re-entry) Change in Transporter of:	CASINGHEAD GAS MUST NOT BE 19/1/72 EXCEED 10% OF TOTAL TO R-4070 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Owens	Well No. 2	Pool Name, Including Formation Morton Wolfcamp East	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Sur: I 2310 990				
Unit Letter BH: H ; 3583.33 Feet From The South Line and 733.19 Feet From The East				
Line of Section 34 Township 14-S Range 35-E , NMFM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34	Twp. 14-S	Rge. 35-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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded Re-entered 6-22-72	Date Compl. Ready to Prod. 7-28-72		Total Depth 10835' (10580'TVD)		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4001.8 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10822'		Tubing Depth 10695'			
Perforations Open hole: 10822 - 10835'					Depth Casing Shoe 10822'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		Previously set 401'		250 sx			
11"	8-5/8"		" " 4635'		400 sx			
7-5/8"	5 1/2"		10822'		300 sx			
	DV		6793'		550 sx			

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 8 7-28-72	Date of Test 7-30-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 125 PSI	Casing Pressure Packer	Choke Size 30/64"
Actual Prod. During Test	Oil-Bbls. 222	Water-Bbls. 0	Gas-MCF 226.4

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.

F. L. Bunge
(Signature)

Actg. District Production Superintendent
(Title)

July 31, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED *[Signature]* **AUG 3 1972**, 19____
BY _____
TITLE **SUPERVISOR DISTRICT I**

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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