Subm v 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico ergy, Minerals and Natural Resources Departs.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRA	ANSPORT OIL	AND NAT	URAL GA	<u>S</u>	<del> </del>			
Union Oil Company of California						30-025-00355			
Address P.O. Box 67		Hand, T	× 70	1702					
Reason(s) for Filing (Check proper box)			Other	(Please explai	n)				
New Well Recompletion	· -	n Transporter of:  Dry Gas							
Change in Operator	Casinghead Gas	Condensate		<del></del>					
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL A					/ Kind o	[] anna	i e	ase No.	
Lease Name, North Anderson Ranch Unit 33 / Anderson Location				Parch Wolfampory State F			ederal or Fee E-8974		
Unit Letter	: 660	_ Feet From The	lest Line	and	80_ F	t From The	north	Line	
Section 33 Township 15-5 Range 32-E, NMPM, Lea County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  FOTT Oil Pineline Company (4)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	Unit Sec.	is gas actually connected? When ?			7				
If well produces oil or liquids, give location of tanks.	Unit   Sec.   33	Twp. Rge. 15-5 32-E	X			3-1	<u> - 70                                   </u>		
If this production is commingled with that fi	rom any other lease o	r pool, give commingi	ng order numb	er:					
IV. COMPLETION DATA	Oil We	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		<u> </u>	Total Depth		l	P.B.T.D.	<u> </u>	_	
Date Spudded	Date Compl. Ready	•			F.D.1.U.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING &	DEPTH SET			SACKS CEMENT				
						-			
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE .	<u> </u>			<u>.L</u>			
OIL WELL (Test must be after r	ecovery of total volun	ne of load oil and must	be equal to or	exceed top all	owable for the	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank									
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
			<u> </u>						
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
			Color Donney (Classics)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pressure (Shut-in)							
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above			OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date Approved NOV 03 1993					
Charlotte Beeson				1					
Signature Charlotte Beeson - Drig Clerk Printed Name  Title				ORIGINAL SIGNED BY JERRY SEXTON  Title DISTRICT I SUPERVISOR					
10-29-93 Date	(415)68	85-7607 Telephone No.		<u> </u>					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.