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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-111  
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 (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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

2-1-85

II. DESCRIPTION OF WELL AND LEASE		N. Anderson Ranch Cser Canyon R-7800	
Lease Name State "A" 33	Well No. 1	Pool Name, including Formation Undesignated (Canyon)	Kind of Lease State, Federal or Fee State
Location Unit Letter M ; 330 Feet From The South Line and 330 Feet From The West		Lease No. E-8974	
Line of Section 33 Township 15-S Range 32-E, NMPM, 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"/>		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipeline Corp.		P. O. Box 576 Houston, Texas 77001		
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)		
Conoco, Inc.		Box 1267 433 N. Tower Ponca City, Okla 74603		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 33	Twp. 15-S	Rge. 32-E
Is gas actually connected?		When		
Yes		3-1-70		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X			X	X			X
Date Spudded W.O. 10-17-84	Date Compl. Ready to Prod. 11-7-84		Total Depth 13,408'		P.B.T.D. 13,240'				
Elevations (DF, RKB, RT, GR, etc.) 4306' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 10,502'		Tubing Depth 10,376'				
Perforations 10,502' - 10,512'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		603'		700				
12-1/4"	9-5/8"		4167'		700				
8-3/4"	7"		13398'		900				
	2-3/8" tubing		10376'						

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 11-7-84	Date of Test 11-9-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 620 psi	Casing Pressure packer	Choke Size 19/64"
Actual Prod. During Test 358 B.O.	Oil - Bbls. 358	Water - Bbls. 0	Gas - MCF 687

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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 NOV 15 1984, 19	
J. C. Merritt (Signature) District Production Supt.		BY	
11-12-84 (Date)		TITLE	
		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 changes of condition. Separate Forms C-104 must be filed for each pool in multi-completed wells.	