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SANTA FE			<u> </u>
FILE			<u> </u>
U.S.G.S.			<u>↓</u>
LAND OFFICE			
TRANSPORTER	OIL	<u></u>	
	GAS	L_	
OPERATOR			1
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS	AUTHORIZATION TO TRAN	ISPORT OIL AND NA	ATURAL GAS				
	PRORATION OFFICE							
1.	Operator							
	Union Cil Company of California							
[	Address	dland. Texas 79701						
-	Peason(s) for filing (Check proper box)	P. C. Box 571, Midland, Texas 79701  Sason(s) for filing (Check proper box)  Other (Please explain) Change gas Transporter						
	New We!1	Change in Transporter of: effective Merch 1, 1970						
	Recompletion	Oil Dry Gas						
ŀ	Change in Ownership	Casinghead Gas A Condens	sate					
1	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND I	FASE   Well No. Pool Name, Including Fo	and the state of t	Kind of Lease	Lease No.			
i	Lease Name	Ranch Wolfcamp	i	State, Federal or Fe	• State E-8974			
	State "A"	ranch worteamp	1102 011					
	Location M : 330	Feet From The South Line	e and	_ Feet From The	We <b>st</b>			
	Unit Letter;;	<del>-</del>		•	Q			
	Line of Section 33 Tow	nship 15—S Range 32-	E , NMPM,	Lea	County			
***	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s					
111.	Name of Authorized Transporter of Oli	61 Condensate		o which approved co	py of this form is to be sent)			
	Shell Pipe Line Corpo	ration	Address (Give address t	Box 1910, Midland, Texas 79704  Address (Give address to which approved copy of this form is to be sent)				
	Continental Oil Compa		Box 1267, Ponca City, Oklahoma 74601					
		Unit Sec. Twp. Rge.	Is gas actually connected	ed? When				
	If well produces oil or liquids, give location of tanks.	M 33 15-S 32-E			ch 1, 1970			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completic				3.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tul	oing Depth			
			<u> </u>	De	oth Casing Shoe			
	Perforations							
			ND CEMENTING RECORD		SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	37013 0211211			
		<u> </u>						
v	. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be	after recovery of total vol lepth or be for full 24 how	ume of load oil and : s)	nust be equal to or exceed top allow			
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift, et	c.)			
	Date First New Oil Mun 10 lanks	)			V- 01-2			
	Length of Test	Tubing Pressure	Casing Pressure	Ci	noke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Go	rs - MCF			
			1					
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF G	ravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in) C	hoke Size			
W.	I. CERTIFICATE OF COMPLIA	NCE	OIL	CONSTRUZT	OMESMMISSION			
•			APPROVED					
	I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information give	n   // ///	X/M	anes			
	Commission have been complied above is true and complete to t	BY	SUPERVISOR I	NETHER				
		ا الم الم الم الم الم الله الله الله الل	TITUE	OUTER Y IBOR	NAME OF THE PARTY			
		<b>/</b> )	W //		-ti-nee with Bill E 1104.			

District Production Superintendent

(Date)

April 27, 1970

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.

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