

DISTRIBUTION	
SANTA FE	
FILE	
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

771 1785

1. Operator Union Oil Company of California	
Address P. O. Box 671 - Midland, Texas, 79701	
Reason(s) for filing (check proper box)	Other (Please explain)
Change in ownership <input type="checkbox"/>	Union Oil Company of California, successor by merger, effective August 1, 1965.
Change in lease <input type="checkbox"/>	
Change in operator <input checked="" type="checkbox"/>	
Change in leasehold <input type="checkbox"/>	

If change of ownership give name and address of previous owner: The Union Oil Company - P. O. Box 671 - Midland, Texas, 79701

II. DESCRIPTION OF WELL AND LEASE			
NOTE: Current status of this well is temporarily abandoned.			
Lease Name Lea "A" State	Lease No. B-1012-1	Well Name and Location, including Formation Townsend Wolfcamp	Kind of Lease State, Federal or Fee State
Location Unit Letter: C Section: 20 Feet from The North Line and 1650 Feet from The West Line of Section 30 Township 24 North Range 24 East T10N24E 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)	
Texas-New Mexico Fire Line Company		P. O. Box 1510 - Midland, Texas, 79701	
Name of Authorized Transporter of Natural Gas <input checked="" type="checkbox"/> or Oil Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corporation		P. O. Box 1589 - Tulsa, Oklahoma, 74102	
If well produces oil or liquids, give location of tanks.	Unit: F Sec: 20 Twp: 24 N Range: 24 E	Is this actually completed?	When April 11, 1955

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)									
<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.		
Date Spudded		Date Comp. Restv.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		Name of Cementer		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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 _____, 19	
J. F. Wilkinson (Signature) District Office Manager (Title) September 7, 1965 (Date)		BY _____ 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 change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	