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

State of New Mexico Lergy, Minerals and Natural Resources Departm.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410		OR ALLOWAB							
•	TO TRANSPORT OIL AND NATURAL GAS Weil					API No.			
Operator Union Oil Co	morny of California					30-025-20185			
P. O. Box 671	- Midl	and. T	X 79	702					
Reason(s) for Filing (Check proper box)	i-	T	Othe	s (Please expla	in)				
New Well Recompletion		Transporter of: Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
of change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE			х т.а	O V:-1	of Lease		ase No.	
Lease Name State "A" 28	Well No. Pool Name, Includi			Voltcamp North State F			rederal or Fee $E-8974$		
Location	. /650	Feet From The <u>S</u>	outh lim	and 60	60 Fe	et From The	ast_	Line	
Unit Letter	17 5	Range 32-	_	MPM,	/	ea.		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Conde	nsale	Address (Giv	e address to wh	ich approved	copy of this form			
EDTT Oil Pipeline Co.			P.O.B	CIA I I I II I I I I I I I I I I I I I I	o- Hou			0-4666	
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give address to which approved of P. O. Box 1267 force						
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	le gas actuall		When		<u> </u>	_142. =	
give location of tanks.	工 138	15-5 32-E	1		i	3-1-	<u> 18</u>		
If this production is commingled with that	from any other lease or	pool, give comming	ing order muni	ber:					
IV. COMPLETION DATA			1	L mr. r	l Danse	Plug Back Sar	me Pes'v	Diff Res'v	
Designate Type of Completion	- (X) Oil Well	ii Gas Well 	New Well	Workover	Deepen	Flug Back Sai	He Kes v		
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe				
	TUBING	, CASING AND	CEMENTI	NG RECOR	ID				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
			 						
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	. he could to a	a award top all	loumble for th	is denth or be for	full 24 hoi	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volum	e of load oil and mus	Producing N	sethod (Flow, p	ump, gas lýt,	etc.)	,		
Date First New Oil Russ 10 1state	Date of Year					Choke Size			
Length of Test	Tubing Pressure		Casing Pressure						
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL						10	denses		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC					NSFR\	/ATION F	IVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION NOV 0 3 1993					
is true and complete to the best of m	y knowledge and belief.	•	Dat	te Approv	eu				
Signatury 1 and the Roman Diciti Clark				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name	(2) (2)	Title	Titl	е					
10 - 29 - 93 Dale	(915) 65	<u> </u>							

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

- .) 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.