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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-110
Effective 1-1-65

I. OPERATOR		
Union Oil Company of California		
Address P. O. Box 671 Midland, Texas		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal "A"	1	Morton Lower Wolfcamp	State, Federal or Fee Federal	JN 015072A
Location				
Unit Letter	766	Feet From The S	Line and 766	Feet From The E
Line of Section	12	Township	15S	Range 34E
			NMPM,	Lea
				County

III. TRANSPORTATION 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)					
Service Pipeline Company	3411 Knoxville, Lubbock, Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
None						
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	12	15S	34E	No	

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
POLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of test volume of load oil and must be equal to or exceed top allowable for this depth or be for full depth)

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
Water Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Water-Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing valves (pilot, back pr.)	Tubing Pressure (back-in)	Casing Pressure (back-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

Signature	Date
August 30, 1965	

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in accordance with RULE 1104.

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

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 completion.

Separate Forms C-104 must be filed for each pool in multiple.