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-	NO. OF COPIES RECEIVED			
⊢	SANTA FE		ONSERVATION COMMISSION	Form C-104
ŀ	FILE	REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.			
ł	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (*7
ł	OIL		· · · · · ·	1
]	GAS			
F	OPERATOR			
	PRORATION OFFICE			
••	Operator			
	Union Oil Company of California			
F	Address			
	P. O. Box 671, Midland	L. Texas 79701		
Ī	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	s	
	Change in Ownership	Casinghead Gas Conder	nsate	
	If change of ownership give name and address of previous owner			
	•	le la construcción de la const		
П.	DESCRIPTION OF WELL AND	LEASE		
ĺ	Lease Name	Well No. Pool Name, Including F	Mind of Leas	
	Arreguy	1 Undesignate	R-3367 State, redet	al or Fee Fee
	Location			
	Unit Letter ;51.0	Feet From The North Lin	e and 1,900 Feet From	The East
			LE , NMPM, Le	
Į	Line of Section 13 Tov	vnship 15-8 Range 3	, NMPM,	County
	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
111.	Mane of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
1	Pan American Petroleum		F. O. Box 1725, Midlar	16. Texas 79701
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	nen
	give location of tanks.	B 13 15-8 34-B	No	
1	If this meduation is commingled with	th that from any other lease or pool,		
	COMPLETION DATA	in that from any other rease of poor,	Elve comminging order number.	
	Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty			
	Designate Type of Completio	$\operatorname{Dn} = (\mathbf{X}) \mathbf{X}$	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1	9-12-67	11-1-67	20,609'	10,564'
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	4.052 GR	Wol femp	10,305'	
	Perforations 10, 310 -	Red and	Lu K	Depth Casing Shoe
	10, 310 - 10, 39/ 02 7. W 10, 604. TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	15*	11-3/4"	351'	500 sx.
	11"	8-5/8"	4,610' 10,604'	400 sx.
	7 <u>-7/8</u> "	2-3/8H		
			10,2541	
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- oil, WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
		11-13-67	Flow	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 haurs	139	Packed off	32/64
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	212 bbls.	208	4	171
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	L			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION 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	
			E Y	1 N 1 1 N N N N N N N N N N N N N N N N
	$\neg i = i$		TITLE	· · · · · · · · · · · · · · · · · · ·
	Chi Tyle			compliance with RULE 1104.
	Com pyra			wable for a newly drilled or deepened
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	District Production Superintendent		All sections of this form m	ust be filled out completely for allow-
	(Title)		able on new and recompleted wells.	
	November 14, 1967	ata i	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	
	(D	ate)		
			completed wells.	