

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPORTION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON
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

AMENDED

Operator Union Oil Company of California		
Address P.O. Box 671 Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/> *	Change In Transporter of:	*Request permission to run 4,000 bbls oil produced during testing of well. Amended to change gatherer of oil.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "B" 33	Well No. 1	Pool Name, Including Formation Anderson Ranch Wolfcamp, N.	Kind of Lease State, Federal or Fee Fee	Lease No. E-6078-1
Location Unit Letter N ; 1650 Feet From The West Line and 660 Feet From The South Line of Section 33 Township 15-S Range 32-E , NMPM, Lea 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"/> *Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79702				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267 433 N. Tower Ponca City, OK.				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 33	Twp. 15-S	Rge. 32-E	Is gas actually connected? When 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 5-10-85	Date Compl. Ready to Prod. 9-27-85	Total Depth 10,729'		P.B.T.D. 10,147'					
Elevations (DF, RAB, RT, GR, etc.) 4305.5' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,052'		Tubing Depth 10,052'					
Perforations 10,052'-10,070'		Depth Casing Shoe 10,729'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		440'		350 SXS			
12-1/4"		8-5/8"		4,200'		2400 SXS			
7-7/8"		5-1/2"		10,729'		730 SXS			
		2-7/8"		10,052'					

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)

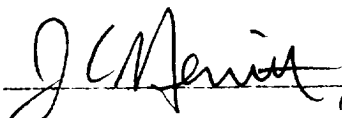
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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 above is true and complete to the best of my knowledge and belief.


J. C. Merritt
(Signature)
District Production Supt.
(Title)
October 18, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 21 1985**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
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.

RECEIVED
OCT 21 1985
O.C.D.
HOBBS OFFICE