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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator Union Oil Company of California	
Address P. O. Box 671 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain) * Request permission to run 4000 bbls oil produced during testing of well
New Well <input checked="" type="checkbox"/> *	Change in Transporter of:
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

Lessee Name State "B" 33	Well No. 1	Pool Name, including Formation Anderson Ranch Wolfcamp, North	Kind of Lease State, Federal or Fee	Lease No. E-6078-1
Location Unit Letter <u>N</u> ; <u>1650</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>33</u> Township <u>15-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> 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 Western E&P <i>See Carter Team</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 576 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input 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, Okla					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>33</u>	Twp. <u>15-S</u>	Pge. <u>32-E</u>	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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, RKB, 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"	8-3/8"		440'		350			
12-1/4"	8-5/8"		4200'		2400			
7-7/8"	5-1/2"		10729'		730			
	2-7/8"		10052'					

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)

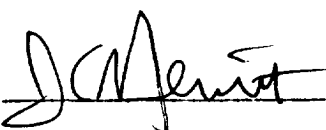
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 11, 1985
(Date)

OIL CONSERVATION COMMISSION
APPROVED OCT 15 1985, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

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OCT 15 1985

O.C.D.
HOBBS OFFICE