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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

SEP 11 10 21 AM '65

Operator Union Oil Company of California	
Address P. O. Box 671 - Midland, Texas, 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Union Oil Company of California, successor by merger, effective August 1, 1965.	

If change of ownership give name and address of previous owner The Pure Oil Company - P. O. Box 671 - Midland, Texas, 79701

Lease Name South Vacuum Unit 27		Lease No. E-1635	Well No. 1	Pool Name, Including Formation Vacuum Bone Springs South	Kind of Lease State, Federal or Fee State
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 27 Township 18 South Range 35 East , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas, 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Phillips Building - Odessa, Texas, 79761			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 18-S	Rge. 35-E	Is gas actually connected? When Yes September 1, 1964

If this production is commingled with that from any other lease or pool, give commingling order number: Admin. Order PG-233

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									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure		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. F. Wilkinson
District Office Manager
September 7, 1965

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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.