ſ	NO. OF COPIES RECEIVED			
	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		S
	LAND OFFICE			-2 34 165
	TRANSPORTER GAS		*	
I.	OPERATOR PRORATION OFFICE	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	Union Cil Company of California			
	Address P. O. Box 671 - Midland, Texas, 79701			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well     Change in Transporter of:     Union Cill Company of Galifornia,       Recompletion     Oil     Dry Gas     Successor by margor, effective			
	Change in Ownership Z Casinghead Gas Condensate August 1, 1965			
	If change of ownership give name and address of previous owner	The Pure Oil Company - P	°. C. Box 671 - Midland, 7	exas, 79701
П.	DESCRIPTION OF WELL AND		ne, Including Formation	Kind of Lease
	South Vacuum Unit 35			State, Federal or Fee State
	Location T 10	30 Example South	e and <u>660</u> Feet From Th	- East
				T o o
	Line of Section 35 Tov	<sub>vnship</sub> 18 South <sub>Range</sub> 35	DEAST , NMPM,	Lea County
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	I copy of this form is to be sent)
	Texas-New Mexico Pipe I	Line Company	P. O. Eox 1510 - Midland Address (Give address to which approved	, Texas, 79701
,	Name of Authorized Transporter of Cas Phillips Fetroleum Comp	<b>.</b>	Address (Give address to which approved   Phillips Building - Odes	
	If well produces oil or liquids,	Unit Sec. Twp. Ege. G 135 18-S 35-E	Is gas actually connected? , When	
	give location of tanks. <u>G 35 18-S 35-E</u> Yes February 10, 1959 I this production is commingled with that from any other lease or pool, give commingling order number: Admin. Order PC-233			
IV.	COMPLETION DATA Oll Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	1 1		1 I I I 
	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	1	<u> </u>	Depth Casing Sho <del>c</del>
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				<b>9</b> .
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-
	OIL WELL able for this dep Date First New Oil Run To Tanks Date of Test		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
		Tubles Deseure	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Crattid Lieseme	
	Actual Prod, During Test	Oli-Bbis.	Water - Bbls.	Gas - MCF
	l <u></u>	<u></u>		
	GAS WELL 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
	Testing Method (prot, buck pity			
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION	
			APPROVED, 19	
	1-		TITLE	
	All In Anna		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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	
	J. F. Wilkinson <sup>(Signature)</sup> District Office Manager (Title)			
	September 7, 1965			
	(Do	216)	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.	