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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

| | | |
|--|---|---|
| Operator Union Oil Company of California | | 3/1/72 |
| Address P.O. Box 671 - Midland, Texas 79701 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) Allowable for this 80 acre proration unit will be shared between this well & well #1, in accordance with rule 5 of the South Vacuum-Devonian Pool rules. |
| 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

| | | | | |
|--|---------------|---|--|---------------------|
| Lease Name South Vacuum Unit "26" | Well No. 2 | Pool Name, Including Formation Vacuum Devonian South | Kind of Lease State, Federal or Fee State | Lease No. E-1479 |
| Location Unit Letter L ; 1980 Feet From The South Line and 710 Feet From The West Line of Section 26 Township 18-S Range 35-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"/> Texas-New Mexico Pipe Line Co. | 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 35 | Twp. 18-S | Rge. 35-E | 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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-24-71 | Date Compl. Ready to Prod. 12-31-71 | | Total Depth 11700' | | P.B.T.D. 11685' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3899 DF | Name of Producing Formation Devonian | | Top Oil/Gas Pay 11558' | | Tubing Depth 7015' | | | |
| Perforations 11558-11573, 11582-1159, 11623-11631, 11654-11664 2 shots/ft. | | | | | Depth Casing Shoe 11700' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | 11-3/4" | | 351' | | 350 | | | |
| 11" | 8-5/8" | | 3810' | | 400 | | | |
| 7-7/8" | 5-1/2" | | 11700' | | 400 | | | |
| | 2-3/8" | | 7015' | | | | | |

V. 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 allowable for this depth or be for full 24 hours)

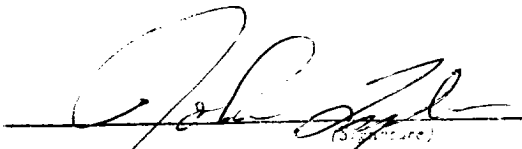
| | | | |
|---|------------------------|---|-------------------|
| Date First New Oil Run To Tanks 12-31-71 | Date of Test 1-2-72 | Producing Method (Flow, pump, gas lift, etc.) 2-3/8" Kobe Pump | |
| Length of Test 24 Hrs. | Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 360 | 360 | Water - Bbls. 840 | Gas - MCF TSTM |

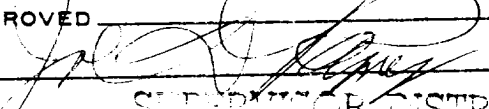
GAS WELL.

| | | | |
|-----------------------------------|--------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing method (flow, pump, etc.) | 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.


District Production Superintendent
January 4, 1972
Date

OIL CONSERVATION COMMISSION
JAN 10 1972
APPROVED _____, 19____
BY 
TITLE SUPERVISOR DISTRICT I
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.
Supersede Old C-104 must be filed for each pool in multiple