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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico L. .rgy, Minerals and Natural Resources Departme.

Form C-104

**OIL CONSERVATION DIVISION** DISTRICT II
P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSPO	ORT OIL	L AND NA	TURAL G	AS					
Operator									ell API No.			
Union Oil Company of California								30-025-30548				
	<b>.</b> 1 m	7.0	700									
P. O. Box 671 - Mid Reason(s) for Filing (Check proper box	land, lex	xas /9	702		x Oth	et (Please expl	ain)	<del></del> .				
New Well		Change in	а Тгаваро	rter of:	_	•						
Recompletion	Oil		Dry Ga		Ga	is connec	ted 4-2	4-89				
Change in Operator	Casinghead	d Gas 🗌	Conden	sate								
If change of operator give name and address of previous operator												
•					-			<del></del> -				
IL DESCRIPTION OF WELL	L AND LEA											
State "35"		Well No. Pool Name, Includ				_			f Lease No. Federal or Fee V_285			
Location	I		Mai	Jamar	(Graybur	g-SA)	777		K-	-385		
Unit Letter K	:23	310	_ Feet Fre	om The _S	outh Lin	e and198	<u> </u>	et From The	west	Line		
Section 35 Towns	hip 17-S		Range	33-E	. , N	мрм,	Lea	···		County		
III. DESIGNATION OF TRA	NCDADTEI	D OF O	TT A NI	D. NIATTI	TO A T CAC							
Name of Authorized Transporter of Oil		or Conde		<u>D NATU</u>	Address (Giv	e address to wi	ich annemed	come of this f	orra is to be a			
Texas-New Mexico Pi		Address (Give address to which approved copy of this form is to be sent)  Box 1510 - Midland, Texas 79702										
Name of Authorized Transporter of Cast	Gas 🗍	Address (Give address to which approved copy of this form is to be sent)										
Phillips 66 Natural		6 AL Phillips Bldg Bartlesville, OK 74004										
If well produces oil or tiquids, give location of tanks:	Unit.	Sec.	Twp	Rge.	is gas actuali		When					
	L L	35	17 <b>-</b> S					4-24-8	39			
If this production is commingled with the IV. COMPLETION DATA	from any othe	er lease or	pool, give	e comming	ling order numi	ber:						
Designate Type of Completion		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
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			Depth Casing Shoe				
	77	IBING	CASIN	JG AND	CEMENTI	NG RECOR	<u> </u>			<del></del>		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT		
	-			-		<del></del>						
V. TEST DATA AND REQUE	ST FOR A		ADIE	··-	<u> </u>					·		
				il and muse	he agual to on	avacad tam alla	ahia fam shis	. damek an ba	Sam 4.11 24 4	\		
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)											
							7.0 7,-	•				
Length of Test	Tubing Press	Tubing Pressure				re		Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					L			I				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	nate/MMCF	-	Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
UI OPER ( MOR COTT	<u> </u>							<u> </u>				
VI. OPERATOR CERTIFIC				CE	ح	NI CON	SERVA	TION I	אואופור	)NI		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my	knowledge and	belief.	II ADOVÇ		D-4-	<b>A</b>	ı L	APR 2	7 1989			
(11 14 )	•				Date	Approved	1					
Charlotte See	مسون		·		D	OBIGINA	I SIGNED	RY IEDOY	SEXTON			
Signature Charlotte Beeson - Production Clerk					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name	roduct10		rk Title	<del></del>		•						
4-25-89	(915	) 682-	-9731		Title				- Sandara	<del></del>		
Date		Telev	shope No		l I							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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