## Submit Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

DISTRICT II

OIL CONSERVATION DIVISIONASINGHEAD GAS MUST NOT BE

P.O. Drawer DD, Artesia, NM 882	210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410

Santa Fe, New Mexico 87504-2088

FLARED AFTER 6-1-89 UNLESS AN EXCEPTION

T				ABLE AND			NED.	, 10H 10	H-4070
Operator //		OTRA	NSPORT C	IL AND NA	TURAL G		API No.		
Union Oil Com	Pany	of	Califo	ornia		3	0-025	-305	48
P.O. Box 671		and.	Texas	7970.	2				
Reason(s) for Filling (Check proper box)		<del></del>		Ou	ner (Please expl	lain) Reque	st 30 da	4 perm	vit to
New Well		~ —	Transporter of:	Ċ	mminale	. thill i	well who	St. St.	2 to "35"
Recompletion	Oil		Dry Gas			the Co	rbin ABO	4 Corb	oin Queen
Change in Operator  If change of operator give name	Caninghead	SAMELL	Condennate P	ACED IN TH	e 68L				
and address of previous operator				YOU DO NOT	CONCUR				
IL DESCRIPTION OF WELL			S OFFICE		9/1/8	· G			
Lease Name State "35		Well No.	A 4 /	uding Formation	, , , , , ,		of Lease	L	ease No.
Location	<u></u>		Maljam	ar (Gray	iburg-S	H	Federal or Fee		
Unit Letter	_: <u>23</u>	10	Feet From The	south Lin	ne and	<u>80                                    </u>	eet From The _	west	Line
Section 35 Townshi	ip /7-	-5	Range $3$ .	3-E ,N	МРМ,	Led	·		County
III. DESIGNATION OF TRAN	SPORTE	OF OI	L AND NAT	URAL GAS					
Name of Authorized Transporter of Oil		or Condens		Address (Gi	e address to w	hich approved	copy of this for	m is to be si	ent)
lexas-New Mexico Pipe	Line C	samo	ภน	P.O. 1	BOX 1510	0 - Mia	lland T	ex75	79702
Name of Authorized Transporter of Casin	ghead Gas		or Dry Gas	Address (Gi	ve address to wi	hich approved	copy of this for	m is to be se	ent)
If well produces oil or liquids, give location of tracks.	Unit !	~ ·	Twp.   Ra	e. is gas actual	ly connected?	When	AS AI	0	
If this production is commingled with that IV. COMPLETION DATA	from any other				ber:				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	iame Res'v	Diff Res'v
Date Spudded 2-5-89	Date Compi.	Ready to I		Total Depth	4803	,	P.B.T.D.	1800'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro			Top Oil/Gas		<del></del>	Tubing Depth		
4121.1' GR	Grayb	-	SA	4	393'		Tuong Depui	4320	1
Perforations	10.00	<del>, (C, 9)</del>	<del></del>		<u> </u>		Depth Casing		
4678-4772	4393 -	4614					4	4803'	
	π	JBING, C	CASING AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUE			DEPTH SET		SACKS CEMENT		
12/4"	8	9 5/8°			1610'		775		
7 1/8"		5 /a "			4803'		965		
	-	2 %"			4320'				
V. TEST DATA AND REQUES	T FOD AL	LOTEA	DI TO						
OIL WELL (Test must be after r				st be equal to or	exceed top allo	owable for thi	e denth or he for	r full 24 hour	ee )
Date First New Oil Run To Tank	Date of Test	_			ethod (Flow, pu			<del></del>	3.7
3-18-89		4-9.	-89	Pump				· · · · · · · · · · · · · · · · · · ·	
Length of Test 24 hours	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Water - Bbis. 1588			Gas- MCF		
GAS WELL	<u> </u>	20			1500			<del>10</del>	
Actual Prod. Test - MCF/D	Length of Te	st		Bbis. Conden	sate/MMCF		Gravity of Cor	ndensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
	<u> </u>			٠					
VI. OPERATOR CERTIFICA						CEDV	ATIONID		<b></b> .
I hereby certify that the rules and regulations of the Oil Conservation						ATION D			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date	Approved	4	APR 1	1 1989	j		
Charlotte Boo.	nan)			Date					
Signature Charlotte Beeson-	Producti	on Cl	erK	By_		DIS DIS	SIGNED BY	JERRY SE	XTON
Printed Name  4-10-89			itle	Title	_		- / -		
Date	(113) 86		one No.						

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.

TARED AFTER ENGINEER NOT BE

্ত্ৰিক বিষয়ে কৰে। তেওঁ আৰু প্ৰস্থিত কৰিছে কৰিছিল। তেওঁ আৰু কৰিছে কৰে। স্থানীক

March 1 1 (1)

APR 101989

OCD HOBBS OFFICE



K. Jay Reynolds

## P. O. BOX 1767

MIDLAND, TEXAS 79702 (915) 682-7880

Well Name & Number State "35" # 5
Operator Union Oil Company of California
Location
The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results:

## RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
331	331	74	,44	1.46	1.46
818	487	1/2	187	4.24,	5.70
1068	250	<u> </u>	1.75	4.38	10.08
1370	302	1	1.75	5.29	15.37
1570	200	1/2	.87	1,74	17.11
1752	182	1/2	.87	1.58	18.69
2098	346	3/4	1.31	4.53	23.22
2567	469	l	1.75	8.21	31.43
3066	499	1 14	2.18	10.29	42.32
3560	494	1 ///	1.75	8.65	50.97
4055	495	1 1/4	2.18	10.79	61.75
4550	495	1 1/2	2.62	12.97	74.73
4770	220	1/2	2.62	3.76	80.49
					<u> </u>
		<del> </del>	<u> </u>		
			ļ	<u> </u>	
i	1	1		1	1

	Drilling Contractor:_	Rod Ric Corporation
	By:_ <u></u>	Exter L. Caldwell
Subscribed and sworm to bef	ore me this 16th day	of February 1989
SHOW THE MITCHELL  (19 (19 The Modern Public, State of Texas )  (19 (19 The Modern Public, State of Texas )  (19 (19 The Modern Public, State of Texas )	Nota	Mirleed Milebell ry Public
My Commission Expires	Midl	and County, Texas

RECEIVED

APR 1 0 1989

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