NO. OF COMIES RECEIVED		
DISTRIBUTION		1
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
IRANSPORTER	OIL	
	GA\$	
OPERATOR		
PRORATION OF		
Operator		

(Title)

(Date)

August 14, 1972

<u>'</u>	DISTRIBUTION ANTA FE	1	DISERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
-	AND OFFICE  RANSPORTER OIL  GAS	· AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (	GAS	
-	PERATOR				
٠. ـــــ	PRORATION OFFICE perator	6.7.116			
Ā	Union Oil Company		<u> </u>	,	
-	P.O. Box 671 - Mi		Other (Please explain)		
- 1	eason(s) for filing (Check proper box) [ew We!1	Addition of XXXXXXXX Transporter of:			
- 1	ecompletion hange in Ownership	Oil Dry Gas  Casinghead Gas Condens	<u> </u>		
	change of ownership give name d address of previous owner				
	ESCRIPTION OF WELL AND	LEASE			
	ease Name	Well No. Pool Name, Including Fo	•	Lease No. alor Fee Federal NM-10474	
L	Pipeline Federal	I Da Rica III			
	Unit Letter M; 66	O Feet From The South Line	e and 760 Feet From	The West	
L	Line of Section 4 To	waship 19-S Range	34-Е , ммрм,	Lea County	
I. D	ESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which appro	oved copy of this form is to be sent)	
l	Famariss Oil & Refini	ng Company	P.O. Box 980 - Hobbs,		
;	Name of Authorized Transporter of Care El Paso Natural Gas C		P.O. Box 1267 - Ponca	so, Texas 79999 City, Oklahoma 74601	
	Continental Oil Compa f well produces oil or liquids, rive location of tanks.	Unit Sec. Twp. Rge. M 4 19-S 34-E	Yes Yes	ElP 10-8-71 Cont 4-20-72	
		th that from any other lease or pool,	give commingling order number:		
۷. ر آ	OMPLETION DATA  Designate Type of Completion	O(1  Well) Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
E	Devations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
1	Perforations	1	• • •	Depth Casing Shoe	
-		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
-					
	EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	OIL WELL  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	Cil-Bbla.	Water-Bbls.	Gas-MCF	
_(	GAS WELL		1	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. (	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
•	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED AUG	16 1972	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Offic. Signed by  Let Clements		
			TITLE Oil 8: Gas	Insp.	
		John Tyler	This form is to be filed in	n compliance with RULE 1904.	
-	District Production	Superintendent	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-		

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 pocl in multiply completed wells.

## RECEIVED

AUO 15 1972 OIL CONSERVATION COMMI HOBDS, N. M.