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-	DISTRIBUTION			
Ì	SANTA FE			
	FILE			
Ì	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
ı. İ	PRORATION OFFICE			
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	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CO REQUEST F	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S. LAND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER GAS							
1.	PRORATION OFFICE							
	Union Oil Company of California							
ŀ	Address	IA of Catherine						
	P. O. Box 671 -	Midland, Texas 79701	0.1					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain;					
	Recompletion	Oil Dry Gas	Initial deliver	y of casinghead gas.				
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
II. <u>j</u>	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including For	emotion Kind of Le	ease I_ease No.				
ĺ	Lease Name State #36#	2 Lea Bone Sprin	1	erd or Fee State E-6005				
ŀ	Location							
Unit Letter L ; 2130 Feet From The South Line and 660 Feet From The West								
	Line of Section 36 Tow	waship 19 South Range 34	East , NMPM,	Lea County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which ap	proved copy of this form is to be sent)				
	The Permian Corporation		P. O. Box 3119 -	Midland, Texas 79701				
	Name of Authorized Transporter of Case Phillips Petroleum Com	singhead Gas 📉 💮 or Dry Gas 🗀	Address (Give address to which ap Phillips Building	proved copy of this form is to be sent) Odessa, Texas 79760				
	Warren Petroleum Corpo	ration - 50%	P. O. Box 1589 - Is gas actually connected?	Tulsa, Oklahoma 74102 When				
	If well produces oil or liquids, give location of tanks.	M 36 19-S 34-E	Yes	March 13, 1971				
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool, g						
1.	Designate Type of Completic	$\operatorname{Oil} \operatorname{Well}$ 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.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load pth or be for full 24 hours)	oil 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, go	is lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF				
			<u> </u>					
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	BDIB. Condendato, time.					
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI	. CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		APR 19 197				
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED					
		with and that the information given ne best of my knowledge and belief.	BY AME					
			TITLE IPERVISOR					
		11	This form is to be filed in compliance with RULE 1104.					

John Tyler District Production Superintendent (Title) April 13, 1971

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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APT. 1 01971

OIL CONSERVATION COMM. HOTES, N. M.