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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

I.

Operator <b>Union Oil Company of California</b>	
Address <b>P. O. Box 671 - Midland, Texas 79702</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>Filed for record purposes with Deviation Tests.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 <b>Laguna Deep Unit Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Wildcat East Genservan</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-9824</b>
Location Unit Letter <b>G</b> ; <b>1650</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>35</b> Township <b>19 South</b> Range <b>33 East</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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 <b>G</b>	Sec. <b>35</b>	Twp. <b>19-S</b>	Rge. <b>33-E</b>	Is gas actually connected? <b>No</b>	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>July 29, 1978</b>	Date Compl. Ready to Prod. <b>Feb. 3, 1979</b>	Total Depth <b>14,753'</b>	F.B.I.D. <b>13,936'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3596' GR.</b>	Name of Producing Formation <b>Lower Morrow</b>	Top Oil/Gas Pay <b>13,365'</b>	Tubing Depth <b>13,078'</b>					
Perforations <b>13,365' to 13,369'</b>	Depth Casing Shoe <b>14,348'</b>							
TUBING, CASING, AND CEMENTING RECORD 2-7/8" OD Tubing set at 13,078'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>26"</b>	<b>20" OD</b>	<b>1,370'</b>	<b>1550 sx Circulated</b>					
<b>17-1/2"</b>	<b>13-3/8" OD</b>	<b>3,095'</b>	<b>2000 sx</b>					
<b>12-1/4"</b>	<b>9-5/8" OD</b>	<b>5,278'</b>	<b>1960 sx DV Tool @ 2,677'</b>					
<b>8-1/2"</b>	<b>5-1/2" OD</b>	<b>14,348'</b>	<b>2150 sx DV Tool @ 9,821'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

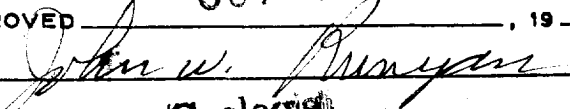
Actual Prod. Test-MCF/D <b>2,040</b>	Length of Test <b>6 Hours</b>	Bbls. Condensate/MMCF <b>40</b>	Gravity of Condensate <b>58.5° at 60 Deg. API</b>
Testing Method (pitot, back pr.) <b>Back Pr.</b>	Tubing Pressure (Shut-in) <b>4250</b>	Casing Pressure (Shut-in) <b>Packer</b>	Choke Size <b>20/64"</b>

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.

  
**John Tyler**  
(Signature)  
**District Production Superintendent**  
(Title)  
**March 19, 1979**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19\_\_\_\_  
BY **John W. Pinner**  
TITLE **Geologist**

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