NO. OF COPIES RECEIVED							
DISTRIBUTION							
SANTA FE		OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110				
FILE	REQUEST F	AND	Effective 1-1-65				
U.S.G.S.		SPORT OIL AND NATURAL GA	٢				
LAND OFFICE	AUTHORIZATION TO TRAD		5				
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE							
Operator							
Union Oil Company of	California		· · · · · · · · · · · · · · · · · · ·				
Address							
	Midland, Texas 79702						
Reason(s) for filing (Check proper box)		Other (Flease explain)	of gas made at 2:00 P.M.				
New Well	Change in Transporter of:		s been shut in since				
Recompletion	Oil Dry Gas						
Change in Ownership	Casinghead Gas Condens		tuary, 1979.				
If change of ownership give name							
and address of previous owner							
		R.6211					
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		Lease No.				
	CIA		Fee Federal NM-9824				
Laguna Deep Unit Federa	I I MILICAL Gast No	The The tow Hav					
	0 Nonth	and 1980 Feet From Th	e East				
Unit Letter <u>G</u> ; 165	0Feet From The North Line	and <u>1980</u> Feet From Th	e				
Line of Section 35 Tow	nship 19 South Bange 3	3 East , NMPM, Lea	County				
Line of Section 35 Tow	nsnip 19 South Hunge S						
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	3					
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approve	d copy of this form is to be sent)				
The Permian Corporation		P. O. Box 1183 - Hor	uston, Texas 77001				
Name of Authorized Transporter of Cas	inghead Gas 🔄 or Dry Gas 🛣	Address (Give address to which approve	d copy of this form is to be sent)				
Llano, Inc.		P. O. Box 1320 - Ho	bbs, New Mexico 88240				
	Unit Sec. Twp. Ege.	Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.	G 35 19-S 33-E	Yes	pt. 24, 1979				
	h that from any other lease or pool, g						
COMPLETION DATA	h that from any other lease of pool,	sive comminging eract manner					
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Completio	n = (X)		1				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
4							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
		· · · · · · · · · · · · · · · · · · ·					
Perforations			Depth Casing Shoe				
	TUBING, CASING, AND	1					
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	·						
		<u> </u>					
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil as	nd must be equal to or exceed top allow-				
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)				
Date First New Oil Run To Tanks	Date of Test	producing Method (1.000, pump, god ope	,				
		Casing Pressure	Choke Size				
Length of Test	Tubing Pressure						
		Water-Bbls.	Gas - MCF				
Actual Prod. During Test	Oil-Bbls.						
l	l						
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Prod. Test-MCF/D	Langth of Teat		-				
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Testing Method (pitot, back pr.)	I uping Pressure (Snut-In)						
	<u></u>						
. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
		APPROVED ACT	1976				
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.		AFFROVED	Non				
		BY_ Mm Wif	1 mynus				
		Golocis					
		TITLE					
R. T. Shurtleff (Sisterior) District Production Superintendent		This form is to be filed in c	ompliance 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 allow-					
				(Title)		able on new and recompleted wells.	
				September 27, 1979		able on new and recompleted we	
September 27		Eill out only Sections I II	III. and VI for changes of owner,				
		Fill out only Sections I, II, well name or number, or transport	. III, and VI for changes of owner, er, or other such change of condition. be filed for each pool in multiply				