	ND. OF COPIES BECKIVED				
	DISTRIBUTION SANTA FE			Form C-104 Supersedes Old C-104 and C-11	
	FILE	REQUEST FOR ALLOWABLE		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS . MotorageNo. and can	
	OIL	-		an a	
	IRANSPORTER GAS				
	OPERATOR PROPATION OFFICE	-		RECEIVED	
1.	Operator	,] <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		FEB 6 '80	
	Union Oil Company of California				
	P. O. Box 6/1 - Midland, Texas 79702 Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Initial delivery of gas to Llano. Inc.				
	New We!! Imitial delivery of gas to Llano, Inc. Recompletion Cii Dry Gas at 10:30 A.M. January 28, 1980.				
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name				
	and address of previous owner				
П.	DESCRIPTION OF WELL AND	LEASE Veil No.; Pool Name, Including Fo	ormation Kind of Lease		
	Maduro Unit Federal	1 Gem-Morrow Gas		or Fee Federal NM-14794	
	Location				
	Unit Letter J; 1980 Feet From The South Line and 1980 Feet From The East				
	Line of Section 29 Tow	mship 19 South Range 33	East , NMPM, Le	a County	
	DESIGNATION OF TRANSPORT	FED OF OIL AND MATURAL CA	c		
111.	Name of Authorized Transporter of Oil		Address (Give address to which approve	ed copy of this form is to be sent)	
	The Permian Corporatio		P. O. Box 1183 - Ho Address (Give address to which approve	uston, Texas 77001	
	Llano, Inc.			bbs, New Mexico 88240	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	n	
	give location of tarks. J 29 19-5 33-E Yes Jan. 28, 1980 If this production is commingled with that from any other lease or pool, give commingling order number:				
sv.	COMPLETION DATA				
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back ¹ Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe				
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		L	·····		
v.	TEST DATA AND REQUEST FO	DRALLOWABLE (Test must be af	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
••	able for this depth or be for full 24 hours) DIL, WELL Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New OIL Han 10 Tunks			,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbie.	Water - Bbls.	Gas • MCF	
				۰ 	
	GAS WELL				
	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Preasure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
i	Testing Method (pitot, buck pity	I COMA FINDENS (BLUC-IN)			
VI.	CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and regulations of the Off Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED FEB 7 1980 19		
			Orig. Signed by		
			Oil & Creation		
	int Mustill		TITLE UL & Gas Insp. This form is to be filed in compliance with RULE 1104.		
	K. C. Sunstiff R. T. Shurtleff		If this is a request for allowable for a newly drilled or deepencif		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Production Superintendent (Title)		All sections of this form must be filled out completely for sllow- able on new and recompleted wells.		
	January 31, 1980		I'll out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition		
	(liate) W		Separate Forms C-104 must	be filed for each pool in multiply	
			completed wells.		