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TRANSPORTER	OIL	
	GAS	
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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

Operator Union Oil Company of California	
Address P. O. Box 671 - Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Filed for record purposes with Deviation Tests.
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 Maduro Unit Federal	Well No. 1	Pool Name, Including Formation Wildcat Lem Morrow Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14794
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 29 Township 19 South Range 33 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 checked="" 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 J	Sec. 29
	Twp. 19-S	Rge. 33-E
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-25-79	Date Compl. Ready to Prod. 7-31-79		Total Depth 13,660'		P.B.T.D. 13,571'			
Elevations (DF, RKB, RT, GR, etc.) 3583.6' GR.	Name of Producing Formation Lower Morrow		Top Oil/Gas Pay 13,446'		Tubing Depth 13,320'			
Perforations 13,446' to 13,457'					Depth Casing Shoe 13,660'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" OD		1,275'		1100 sx Circulated			
12-1/4"	9-5/8" OD		5,162'		3100 sx DV Tool @ 3,457'			
7-7/8"	5-1/2" OD		13,660'		650 sx			
	2-7/8" OD		13,320'					

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 3,601	Length of Test 1 Hour	Bbls. Condensate/MMCF 28	Gravity of Condensate 48.5 @ 60 Deg. API
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 4300	Casing Pressure (Shut-in) Packer	Choke Size 14/64"

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.

R. T. Shurtleff
(Signature)
R. T. Shurtleff
District Production Superintendent
(Title)
August 27, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 7 1980**, 19_____
BY Les Clements
Orig. Signed by
Oil & Gas Insp.
TITLE _____

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 completed wells.