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| | GAS |
| OPERATOR | |
| PRODUCTION 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

| | |
|---|--|
| 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 type="checkbox"/> | Change in Transporter of: Initial delivery of low pressure gas to |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Conoco, Inc., was made at 10:00 A.M. |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> April 24, 1980. |

If change of ownership give name
and address of previous owner

| | | | | | |
|---|--|---------------|---|--|------------------------|
| Lease Name Laguna Deep Unit Federal | | Well No. 2 | Pool Name, Including Formation East Gem Morrow Gas | Kind of Lease State, Federal or Fee Federal | Lease No. NM-030941 |
| Location | | | | | |
| Unit Letter: N ; 990 Feet From The South Line and 1980 Feet From The West | | | | | |
| Line of Section 26 Township 19 South Range 33 East , NMPM, Lea County | | | | | |

| | | | | | | |
|--|-----------|--|--------------|--------------|--|--|
| 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) | | | | |
| The Permian Corporation Permian (Eff. 9/1/80) | | P. O. Box 1183 - Houston, Texas 77001 | | | | |
| 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) | | | | |
| Conoco, Inc. (Lo Press.) | | P. O. Box 1267 - Ponca City, Okla. 74601 | | | | |
| Llano, Inc. (Hi Press.) | | P. O. Box 1320 - Hobbs, New Mexico 88240 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 26 | Twp. 19-S | Rge. 33-E | Is gas actually connected? Yes Yes | When April 24, 1980 April 22, 1980 |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-------------------|-----------|----------|--------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
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| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of land 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

| | | | |
|--|--|---|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION MAY 23 1980 | |
| 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. | | APPROVED _____, 19 | |
| R. T. Shurtleff (Signature) District Production Superintendent (Title) May 15, 1980 (Date) | | BY _____ Orig. Signed By Jerry Sexton Dist. 1, Supv. 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, of transporter or other well change of condition. Separate Forms C-104 must be filed for each pool in multiple completion wells. | |