HO. OF.COPIES RECEIVED				
DISTRIBUTION				
SANTA FE			1	
FILE		1		
U.S.G.5.		1		
LAND OFFICE				
IRANSPORTER	OIL			
	GA5		<b> </b>	
OPERATOR				
PRORATION OFFICE		Ī	1	
Operator				

1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE	REQUEST	CONSERVATION COMM JION I FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS						
	Union Oil Company of California									
	Address P. O. Box 671	ny or ourifoldia								
	***************************************									
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please explain) Adding addition	al gatherer of dry gas.						
	Recompletion Change in Ownership	CII Dry G	Gas X Initial deliver	y of gas to Northern Nat.						
		Casinghead Gas Conde	ensate Gas Co. on July	17, 1980.						
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND	IFACE								
	Lease Name	Well No. From Name, Including to Undesignated	Cormation Kind of Leas	Legae No.						
	Maduro Unit	2 (Gem Morrow	Gas) K-6470 State, Feder	olor Fee State LG-3230						
	Unit Letter C : 660	Feet From The North Li	ne and 1980 Feet From	The West						
	Line of Section 32 Tox		00 -							
ļ	Line of Section 32 Tov	mship 19 South Range	33 East , NMPM, Lea	2 County						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
	Name of Authorized Transporter of Oil The Permian Corporation		Address (Give address to which appro							
	Northern Natural Gas Co	Permian (# 9 / 1 /87)  Inghead Gas Corp. or Dry Gas 227,  Dampany	P. O. Box 1183 - Ho	ouston, Texas 77001  oved copy of this form is to be sent)  - Hidland, Texas 79701						
]	Liano, inc.	68%		New Mexico 88240						
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Pige.   C   32   19-S   33-E	is gas actually connected? Wh Yes Yes	July 17, 1980						
1	f this production is commingled wit			July 8, 1980						
ıv. آ	COMPLETION DATA	Ctl Well Grs Well	New Well Workover Deepen	Pluci Back   Same Resty. Dilli. Resty.						
	Designate Type of Completio			i i i i i i i i i i i i i i i i i i i						
	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									
				Dep h Casing Shoe						
TUBING, CASING, AND			CEMENTING RECORD							
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
-										
V. 1	TEST DATA AND REQUEST FO	R ALLOWABLE (Test must be a	feer recovery of total volume of load oil	and must be equal to as exceed top allows						
V. TEST DATA AND REQUEST FOR ALLOWABLE OII, WELL  Date First New Oil Run To Tanks  Date of Test    Date of Test   Date of Test   Date of Test										
		24.0 0. 1001	Producing Method (Prow, pump, 203 ti)	τ, ετα.,						
	Length of Test	Tubing Pressure	Casing Pressure	Choi. Size						
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Ggs · MCF						
(	GAS WELL									
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)								
		t doing Pressure ( Shut-IB )	Casing Pressure (Shut-in)	Chok# Size						
I. C	ERTIFICATE OF COMPLIANC	E	1	TION COMMISSION						
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 28 1980 .19								
C	ommission have been compiled wit	th and that the information given								
R.T. Shurtleff  (Signature)  District Production Superintendent  (Title)  July 21, 1980			BY Other Residence .							
			TITLE							
			This form is to be filed in compliance with MULE 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 MULE 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							
								l	Separate Forms C-104 must completed wells.	on titur for ancil boot to muttibily