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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	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 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Maduro Unit	Well No. 2	Pool Name, including Formation Undesignated (Gem Morrow Gas)	Kind of Lease State, Federal or Fee State	Lease No. LG-3230
Location				
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 32 Township 19 South Range 33 East , NMPM, Lea County				

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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	32	19-S	33-E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded Jan 19, 1980	Date Compl. Ready to Prod. May 9, 1980		Total Depth 13,620'		P.B.T.D. 13,570'			
Elevations (DF, RKB, RT, GR, etc.) 3576' GR.	Name of Producing Formation Lower Morrow		Top Oil/Gas Pay 13,478'		Tubing Depth 13,350'			
Perforations 13,478' to 13,487'					Depth Casing Shoe 13,620'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" OD	1,356'	900 sx Circul. to surf.
12-1/4"	9-5/8" OD	5,228'	3050 sx DV Tool @ 3564'
7-7/8"	5-1/2" OD	13,620'	1200 sx DV Tool @ 9993'
	2-7/8" OD	13,350'	

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

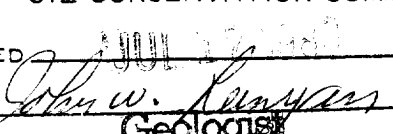
Actual Prod. Test-MCF/D 2,077	Length of Test 4 Hours	Bbls. Condensate/MMCF 92.44	Gravity of Condensate 48.5
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3900	Casing Pressure (Shut-in) Packer	Choke Size 18/64"

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.


L. F. Thompson
(Signature)
District Operations Manager
(Title)
May 28, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19____
BY **Geologist**
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.