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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-111
Effective 1-1-65

Operator Union Oil Company of California		
Address P. O. Box 671, Midland, Texas		
Reason(s) for filing (Check proper box)	Additional Transporter - L.P. Gas	Other (Please explain) Initial Delivery of
New Well <input type="checkbox"/>	Change In Transporter of:	"Low Pressure Gas" to Continental Oil
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Company 10-6-81. "High Pressure Gas"
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	is taken by Llano, Inc.
	Dry 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 Federal 31-G	Well No. 1	Pool Name, including Formation Undesignated (Gem Morrow Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 10601-A
Location				
Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>31</u> Township <u>19 South</u> Range <u>33 East</u> , NMPM, <u>Lea</u> 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)					
Permian Corp	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)					
Llano, Inc. Continental Oil Co.	P. O. Box 1320 Hobbs, N. M. 88240 P. O. Box 1267 Ponca City, Okla 74601					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31	Twp. 19-S	Rge. 33-E	Is gas actually connected? Yes	When 6-26-81 HP 10-6-81 LP

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.
		X	X					
Date Spudded Dec. 26, 1980	Date Compl. Ready to Prod. Apr 4, 1981		Total Depth 13,653'		P.B.T.D. 13,600'			
Elevations (DF, RKB, RT, GR, etc.) 3576' G.L.	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,373'		Tubing Depth 13,305'			
Perforations 13,373' to 13,403'					Depth Casing Shoe 13,653'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.H. Pardue L.H. Pardue
(Signature)
District Production Superintendent
(Title)
Oct 7, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completion wells.