

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
UNION OIL COMPANY OF CALIFORNIA
Address
P.O. BOX 671, MIDLAND, TEXAS 79702
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTH MADURO FED. UNIT	Well No. 1	Pool Name, including Formation GEM MORROW	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-36916
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>20</u> Township <u>19-S</u> Range <u>33-E</u> , NMPM, <u>LEA</u> 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) 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) P.O. BOX 1320 HOBBS, NEW MEXICO 88240	
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>20</u> Twp. <u>19-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>NO</u>	When <u>9-16-88</u> <u>NEGOTIATING CONTRACT</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
SENIOR DISTRICT CLERK
(Title)
6-30-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19_____
BY _____
Orig. Signed by
Paul Kautz
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 3-23-88	Date Compl. Ready to Prod. 6-1-88		Total Depth 13725'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3620.6 GR	Name of Producing Formation MORROW		Top Oil/Gas Pay 13589'			Tubing Depth 13529'			
Perforations 13589'-13618'						Depth Casing Shoe 13725'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2"	13-3/8" 48#		460'			500			
12 1/4"	9-5/8" 40#		5209'			2100			
8-3/4"	5-1/2" 17#		13725'			1875			
	2-3/8" 47#		13529'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 487	Length of Test 4 hrs	Bbls. Condensate/MMCF 31	Gravity of Condensate 54.0°
Testing Method (pilot, back pr.) 4-POINT	Tubing Pressure (shut-in) 3775	Casing Pressure (shut-in) PACKER	Choke Size VARIOUS

RECEIVED

JUL 1 1988

MORROW