Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Union Oil Company of California

Well API No. 30-025-30695

Address: P. O. Box 671 - Midland, Texas 79702

Reason(s) for Filing (Check proper box)

New Well: XX
Recompletion: ___
Change in Operator: ___

Change in Transporter of:
Oil: ___ Dry Gas: ___
Casinghead Gas: ___ Condensate: ___

Other (Please explain): Filed for record purposes with deviation tests.

If change of operator give name and address of previous operator: ___

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	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Laguna Deep Federal Unit	4	~~Undes~~. E. Gem Morrow Gas		NM-1597

Location

Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line

Section 26 Township 19-S Range 33-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ___ or Condensate ___ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ___ or Dry Gas ___ 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 ?
					No	Approx. 6 to 8 weeks

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

IV. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-16-89	3-10-90	13,560'	13,540'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3624.5' GR	Morrow	13,194'	13,078'
Perforations			**Depth Casing Shoe**
13,194' - 13,424' (Morrow)			13,560'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	1483'	2600
17 1/2"	13 3/8"	3232'	2400
12 1/4"	9 5/8"	5430'	1825
8 3/4"	5 1/2"	13,560'	2420

V. 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 Tank	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
1657	4 hrs	2	50.3°
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back pressure			9.5

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Charlotte Beeson
Signature

Charlotte Beeson — Drilling Clerk
Printed Name — Title

4-3-90 — (915)682-9731
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 27 1990

By ORIG. SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
SEP 26 1990
OCD
HOBBS OFFICE