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

I.

State of New Mexico Ener Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSF	PORT OIL	AND NA	TURAL GA	AS				
Operator						Well API No. 30.025.079.76					
Union Oil Company	of Cal:	ifornia	a					<i>3</i> (1-025-0	7976	
Address P. O. Box 671 - Mi	dland.	Texas	797	02				 			
Reason(s) for Filing (Check proper box)	<u> </u>	11,211,010		Y ==	VX OU	her (Please expla	zin)		······································		
New Well		Change in	Trans	porter of:	Well	Plugged	back fr	om Hous	e (San A	indres i	
Change in Transporter of: Well Plugged back from House (San Andres) Completion Oil Dry Gas 11-18-88 - Gas connected 9-29-89.										inces)	
Change in Operator	Casingher	ıd Gas 🔲	Cond	ensate 🗌		.0 00 00	ab comic	occa j-	27-07.		
f change of operator give name and address of previous operator											
•											
IL DESCRIPTION OF WELL Lease Name	AND LE	,	Dool	Nome Inches	ia Familia						
S. B. Fletcher "A"		Well No. Pool Name, Including				1 1			f Lease No. Federal or Fee		
Location		<u> </u>	nou	se (seve	an kiver	s/ races)	,				
Unit LetterE	: 19	980	_ Feet !	From TheI	north Li	ne and 33	30 Fe	et From The	west	Line	
ine ine											
Section 5 Township 20-S Range 39-E , NMPM,								ea 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 Casing	Address (Give address to which approved come of this formation										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Warren Petroleum Company;						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150 - Midland, Texas 79702					
f well produces oil or liquids, Unit Sec. Twp. Rge.											
give location of tanks.	i i		i '	i	Yes	•	1	9-29-	89		
f this production is commingled with that i	from any ou	er lease or	pool, g	ive comming							
V. COMPLETION DATA					-						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	1	pi. Ready to	- 1		Total Depth			P.B.T.D.	L	_L	
11-18-88					4477			3580			
Elevations (DF, RKB, RT, GR, etc.) 3601 DF	Name of Producing Formation $y - 5R$				Top Oil/Gas Pay			Tubing Depth 2939			
Perforations 2994 - 3112								Depth Casin	Depth Casing Shoe		
2199-3112											
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·											
see original con	regeral Completion										
· · · · · · · · · · · · · · · · · · ·	<i>V</i>										
/ TEST DATA AND DEGUES	T FOD A	I LOW	ADII		ļ						
V. TEST DATA AND REQUES OIL WELL (Test must be after re											
OIL WELL (Test must be after re Date First New Oil Run To Tank	,		of load	ou and must	· · · · · · · · · · · · · · · · · · ·	r exceed top allo lethod (Flow, pu			for full 24 hou	rs.)	
pate i is vew on Ruli 10 Ialik	Date of Te	22.			Fromicing iv	ieukou (<i>riow, pu</i>	mp, gas iyi, e	uc.)			
Length of Test	Tubing Pressure				Casing Press	aire	·	Choke Size			
	a morney a recommen				Carried Liconic						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbis.			Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D	li como de	r			IBU C	181					
Actual Prod. Test - MCF/D 385	Length of Test 22 hrs				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
AOF	240							<u> </u>	i -		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE]						
I hereby certify that the rules and regula				_	(OIL CON	ISERV	ATION I	DIVISIC	N	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved						
11 11-10						. , ,pp, 0 4 6/	ч	UUI	- 6 IX	70	
Charlotte Beeson					D.,		De ire	Signad his	,		
Signature					By Orig. Signed by Paul Kauts						
Charlotte Beeson					Title						
9-28-89 (915) 682-9731											
Date			phone								

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.