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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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 <b>Union Oil Company of California</b>	
Address <b>P. O. Box 671 - Midland, Texas 79702</b>	
Reason(s) for filing (Check proper box)	Other (if/else explain)
New Well <input type="checkbox"/>	Well plugged back from Rock Lake Morrow Gas Pool
Recompletion <input checked="" 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

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Northern Natural State Com.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>L-1926</b>
Location				
Unit Letter <b>0</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>28</b>	Township <b>22 South</b>	Range <b>35 East</b>	, NMPM, <b>Lea</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Phillips Petroleum Company - Trucks</b>	<b>101-A Phillips Building - Odessa, Texas 79761</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 1492 - El Paso, Texas 79999</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>0</b>	<b>28</b>	<b>22-S</b>	<b>35-E</b>	<b>Yes</b>	<b>12-30-77</b>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded Plugged Back <b>4-23-79</b>	Date Compl. Ready to Prod. <b>4-26-79</b>	Total Depth <b>15,390'</b>	P.B.T.D. <b>12,376'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3524' GR.</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>11,480'</b>	Tubing Depth <b>11,390'</b>
Perforations <b>11,480' to 11,522'</b>			Depth Casing Shoe <b>14,601'</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>26"</b>	<b>20" OD</b>	<b>504'</b>	<b>1000 sx Circul. to Surf.</b>
<b>17-1/2"</b>	<b>13-3/8" OD</b>	<b>4,520'</b>	<b>4000 sx 2 Stg Cir to Surf.</b>
<b>12-1/4"</b>	<b>9-5/8" OD</b>	<b>11,331'</b>	<b>2000 sx 2 Stages</b>
<b>8-1/2"</b>	<b>7-5/8" OD Liner</b>	<b>14,601'</b>	<b>1200 sx</b>

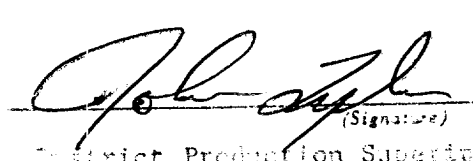
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

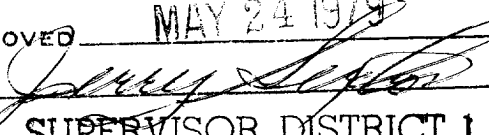
Date First New Oil Run To Tanks <b>April 30, 1979</b>	Date of Test <b>5-16-79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>80</b>	Casing Pressure <b>Packer</b>	Choke Size <b>32/64"</b>
Absolut. Prod. During Test <b>30</b>	Oil-Bbls. <b>30</b>	Water-Bbls. <b>-0-</b>	Gas-MCF <b>71</b>

GAS WELL			
Absolut. Prod. Test-MCF/D	Length of Test	Ebls. 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.

  
John Tyler  
District Production Superintendent  
Date  
**May 21, 1979**

OIL CONSERVATION COMMISSION  
APPROVED **MAY 24 1979**  
BY   
TITLE **SUPERVISOR DISTRICT 1**

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 must be filed for each pool or well.