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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEP 3 10 41 AM '65

I.

Operator Union Oil Company of California	
Address P. O. Box 671 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Explain) Request for allowable. To change operating name from The Pure Oil Company effective 8-1-65.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "K"	Lease No. 1	Well No. 1	Loc Name, including formation Triste Draw Delaware	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter I	1980	Feet from The South	Line and 330	Feet from The East
Line of Section 34	Township 23-S	Range 32-E	County Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 1501 Houston Club Bldg. - Houston, Texas 77002	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas flared, too small amount to measure.	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 I	Sec. 34
	Range 23-S	Line 32-E

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) X	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	Steam Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-16-65	Date Compl. Ready to Prod. 7-12-65		Total Depth 5,080'		P.B.T.D. 5,007'			
Elevations (DF, FKB, RT, GR, etc.) 3629' DF; 3620' GR	Name of Producing Formation Delaware Sand		Top Oil/Gas Pay 4,949'		Tubing Depth 4,927'			
Perforations 4949'-51', 4956'-58', 4964'-68' with 2 SPF, and 4968'-76' with 1 SPF					Depth Casing Shoe 5,061'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8" OD Casing		DEPTH SET 379'		SACKS CEMENT 200			
6-3/4"	4-1/2" OD Casing		5,061'		375			
	2-3/8" OD Tubing		4,927'					

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 Tanks 7-2-65	Date of Test 7-28-65	Producing Method (Flow, pump, gas lift, etc.) Pumping - 64" Stroke, 17 SPM	
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure Packer	Choke Size -
Actual Prod. During Test 132 bbls. Fluid	Oil-Bbls. 44	Water-Bbls. 88	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____

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.



J. F. Wilkinson

(Signature)

District Office Manager

(Title)

September 2, 1965

(Date)