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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 Union Oil Company of California	
Address P. O. Box 671 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
First Filing <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Federal	Lease No. NM-0356435	Well No. 1	Well Name, including Formation Undesignated	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter P	330	Feet From The South	Line and 330	Feet From The East
Line of Section 34	Township 23 South	Range 32 East	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"/>	Address (Give address to which approved copy of this form is to be sent)					
McWood Corporation	2003 Wilco Building - Midland, Texas					
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)					
Gas volume too small amount to measure						
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 34	Twp. 23-S	Rge. 32-E	Is gas actually connected?	When

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 <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 type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded September 18, 1965	Date Compl. Ready to Prod. October 9, 1965	Total Depth 5,039'	P.B.T.D. 5,001'					
Elevations (DE, RAB, RT, GR, etc.) 3,627' KDB	Name of Producing Formation Delaware Sand	Top Oil/Gas Pay 4,961'	Tubing Depth 4,921'					
Perforations 4,961' to 4,965' - 4 shots per foot - Total 16 jet shots						Depth Casing Shoe 5,036'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD Casing		811'		325			
7-7/8"	5-1/2" OD Casing		5,036'		225			
	2-3/8" OD Tubing		4,921'					

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)

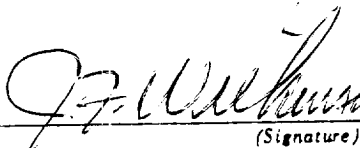
Date First New Oil Run To Tanks October 3, 1965	Date of Test October 10, 1965	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 86 barrels	Oil-Bbls. 49	Water-Bbls. 37	Gas-MCF TSTM

GAS WELL

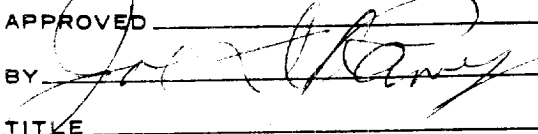
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


J. F. Wilkinson
(Signature)
District Office Manager
(Title)
October 13, 1965
(Date)

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.