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TRANSPORTER	OIL	
	GAS	
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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

I.

Operator Union Oil Company of California	
Address P.O. Box 671 - Midland, Texas 79701	
Reason(s) for filing (Check proper box) (If other, please explain)	
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 checked="" type="checkbox"/> Transporter change effective 5-1-67

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Hills Unit	Lease No. 2	Well Name Red Hills Wolfcamp	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter B	990	Feet From The North	Feet From The East
Line of Section 5	Township 26-S	Range 33-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address of the address to which approved copy of this form is to be sent)	
Famariss Oil & Refining Company	8.8553%	P.O. Box 980, Hobbs, New Mexico 88240
Sourlock Oil Company	91.1447%	1501 Houston Club Bldg., Houston, Texas 77002
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address of the address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P.O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 5
	Range 26-S	Feet 33-E
	Requested Yes	When March 30, 1967

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

IV. COMPLETION DATA

Designate Type of Completion -- (X)		Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	Condensate Well <input type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Depth of Completion		Tubing Depth				
Perforations				Depth Casing Shoe				
LOGGING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				

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 to for full 24 hours)

Date First New Oil Run To Tanks	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
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.

Chas W. Cox
(Signature)

District Production Superintendent

(Title)

May 16, 1967

(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.