

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
**Union Oil Company of California**  
Address  
**P. O. Box 671 - Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion: ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Red Hills Unit</b>	Well No. Pool Name, Including Formation <b>2 Red Hills (Wolfcamp)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>5</b> , Township <b>26-S</b> Range <b>33-E</b> , NMPM, <b>Lea</b> 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"/> <b>Scurlock Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1501 Houston Club Building - Houston, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492 - El Paso, Texas</b>
If well produces oil or liquids, give location of tanks. Unit: <b>B</b> Sec. <b>5</b> Twp. <b>26-S</b> Rge. <b>33-E</b>	Is gas actually connected? <b>No</b> 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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" 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 <b>June 28, 1966</b>	Date Compl. Ready to Prod. <b>March 3, 1967</b>	Total Depth <b>15,005'</b>	P.B.T.D. <b>14,217'</b>
Pool <b>Red Hills</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>11,650'</b>	Tubing Depth <b>12,896'</b>
Perforations <b>2 shots @ 13,424', 13,468', 13,482', 13,507', 13,520', 13,552', 13,569', 13,586', 13,604', 13,617', 13,625', 13,652'.</b>	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <b>15,002'</b>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>20"</b>	<b>16"</b>	<b>807'</b>	<b>900</b>
<b>13-3/8"</b>	<b>10-3/4"</b>	<b>5,209'</b>	<b>1000</b>
<b>9-5/8"</b>	<b>7-5/8"</b>	<b>13,087'</b>	<b>1600</b>
<b>6-5/8"</b>	<b>5" Liner</b>	<b>12,322' - 15,002'</b>	<b>600</b>

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	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 <b>10,200</b>	Length of Test <b>13 Hours</b>	Bbls. Condensate/MMCF <b>24.5</b>	Gravity of Condensate <b>62</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>2000 psi</b>	Casing Pressure <b>100 psi</b>	Choke Size <b>30/64"</b>

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.

**R. G. Ladd, Jr.** (Signature)  
**District Drilling Superintendent** (Title)  
**March 14, 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 Sections I, II, III, and VI only 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.