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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Filed for record purposes with Deviation Tests.
Recompletion <input 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 _____

I. DESCRIPTION OF WELL AND LEASE		West Double X-Morrow Gas R-6211	
Lease Name Paduca Federal	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal
Lease No. NM-20975			
Location			
Unit Letter G	1980	Feet From The North	Line and 1980 Feet From The East
Line of Section 30	Township 24 South	Range 32 East	NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plans Inc.			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? No Yes
			When 2/11/80

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

V. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)		X		X		X											
Date Spudded 2-27-79		Date Compl. Ready to Prod. 7-10-79		Total Depth 15,531'		P.B.T.D. 15,090'											
Elevations (DF, RKB, RT, GR, etc.) 3535' GR.		Name of Producing Formation Morrow		Top Oil/Gas Pay 14,817'		Tubing Depth 14,600'											
Perforations 14,817' to 15,007'						Depth Casing Shoe 15,531'											
TUBING, CASING, AND CEMENTING RECORD 2-7/8" OD Tubing set at 14,600'																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
17-1/2"		13-3/8" OD		719'		300 sx Circulated											
12-1/4"		10-3/4" OD		4,600'		1800 sx Circulated											
9-1/2"		7-5/8" OD		12,834'		1825 sx DV Tool at 7,918'											
7-7/8"		5-1/2" OD Liner		15,531'		335 sx											

VI. 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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D 148	Length of Test 24 Hours	-0-		-	
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) 7000	Casing Pressure (shut-in) Packer		Choke Size 1"	

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. T. Shurtleff (Signature) District Production Superintendent (Title) October 2, 1979 (Date)	

OIL CONSERVATION COMMISSION	
FEB 19 1980	
APPROVED	19
BY	
TITLE	SUPERVISOR
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.	

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Q.C.D., HOBBS, OFFICE