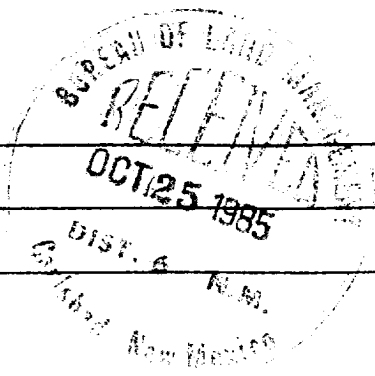


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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
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"/>	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 Red Hills "28" Federal Com. 1	Well No. 1	Pool Name, including Formation Red Hills Wolfcamp (Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-26394
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>25 South</u> Range <u>33 East</u> , NMPM, <u>Lea</u> 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 (Give address to which approved copy of this form is to be sent)	
Koch Oil Company	P. O. Box 1558, Breckenridge, Texas 76024	
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)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28
	Twp. 25-S	Rge. 33-E
	Is gas actually connected? Yes	
	When October 26, 1985	

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded May 7, 1985	Date Compl. Ready to Prod. July 8, 1985		Total Depth 13,659'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3362' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 13,000'		Tubing Depth 12,903'			
Perforations None (Open Hole)					Depth Casing Shoe 13,000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		1000'		1250 sx			
17-1/2"	13-3/8"		4923'		4000 sx			
12-1/4"	9-5/8"		13000'		3425 sx *see att.			
8-1/2"	O.H. to 13,659'							

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 5,110	Length of Test 24 hrs.	Bbls. Condensate/MMCF 50	Gravity of Condensate 649
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2972	Casing Pressure (Shut-in) Packer	Choke Size 12/64

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. C. Merritt
(Signature)

District Production Supt.

(Title)

October 24, 1985

(Date)

OIL CONSERVATION COMMISSION

NOV 1 2 1985

APPROVED _____

ORIGINAL SIGNED BY JERRY SEXTON 19

BY _____

NOV 1 2 1985

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.

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