

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

2/8

Operator	
UNC Texas, Inc.	
Address	
P. O. Drawer 1311, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Betty 'C' 31	4	Lybrook-Gallup	State, Federal or Fee Federal	NM014023
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>620</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>24N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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)					
Permian Corporation	P. O. Box 1183 Houston, Texas 77001					
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)					
Mesa Petroleum Company	P. O. Box 2009 Amarillo, Texas 79189					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	31	24N	7W	Yes	October, 1981

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11-19-81	1-21-82		5714' KB		5637' KB				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6949' GR; 6964' KB	Gallup		5294		5589				
Perforations				Depth Casing Shoe					
5343, 46, 63, 65, 5426, 30, 57, 59, 61, 63, 65, 5517, 32, 34, 36, 58, 60, 67, 69 & 71				5714'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"		8 5/8, 23#		300' KB		250 sx Class B+2% Cael ₂			
7 7/8		4 1/2, 10.5-11.6#		5714' KB		500 sx 50/50 Poz+175 sx			
						Class 'B'+350 sx 65/35 Poz			
		2 3/8		5589					

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)

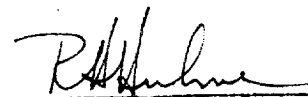
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-22-82	3-1-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	60 psi	60 psi	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
26 BO	26	3	137

GAS WELL

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

VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Randall H. Hulme (Signature)

Drilling and Production Engineer

(Title)

February 26, 1982

(Date)

APPROVED _____, 19____

BY Original Signed by FRANK D. CHAVEZ

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