

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Oil Company of California		Well API No. 30-025-30688
Address P. O. Box 671 - Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Filed for record purposes with Deviation Report.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 6 Com.	Well No. 1	Pool Name, including Formation Undes. Quail Ridge Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-40406
Location Unit Letter C : 660 Feet From The north Line and 1980 Feet From The west Line Section 6 Township 20S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 6	Twp. 20S	Rge. 34E	Is gas actually connected? No	When? Approx. 6 to 8 weeks

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-17-90	Date Compl. Ready to Prod. 1-28-90		Total Depth 13,645'		P.B.T.D. 13,620'			
Elevations (DF, RKB, RT, GR, etc.) 3611' GR	Name of Producing Formation MORROW		Top Oil/Gas Pay 13,240'		Tubing Depth 13,645'			
Perforations 13,240' - 13,338'					Depth Casing Shoe 13,645'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		1457'		2000			
17 1/2"	13 3/8"		3159'		2900			
12 1/4"	9 5/8"		5180'		1500			
8 3/4"	5 1/2"		13,645'		2800			

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.)		Tbg - 2 7/8" @ 13,154'	
Date First New Oil Run To Tank	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 2681	Length of Test 22 hours	Bbls. Condensate/MMCF 56	Gravity of Condensate 57.6°
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 2542	Casing Pressure (Shut-in) 0	Choke Size 13/64'

VI. OPERATOR 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.

Charlotte Beeson

Signature
Charlotte Beeson Drilling Clerk
Printed Name
2-5-90 (915)682-9731
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 12 1990**
By _____ Orig. Signed by
Paul Kautz
Geologist
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.