

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Union Texas Petroleum Corp.</u>		Well API No. <u>30-039-23615</u>
Address <u>P.O. Box 2120 Houston, TX 77252-2120</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McCroden</u>	Well No. <u>8A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-079616</u>
Location Unit Letter <u>P</u> : <u>828</u> Feet From The <u>South</u> Line and <u>795</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Union Texas Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2120, Houston, TX 77252-2120</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When? <u>6-13-89</u>

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
		<u>X</u>		<u>X</u>		<u>X</u>		
Date Spudded <u>12-1-84</u>	Date Compl. Ready to Prod. <u>6/13-5-31-89</u>		Total Depth <u>8320</u>		P.B.T.D. <u>6249</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7248</u>	Name of Producing Formation <u>Mesaverde</u>		Top Oil/Gas Pay <u>5904</u>		Tubing Depth <u>5948</u>			
Perforations <u>5904-5969'</u>					Depth Casing Shoe <u>8314</u>			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>324</u>	<u>295 CF</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>8314</u>	<u>3797 CF</u>
	<u>2 3/8</u>	<u>5948</u>	

### 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 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

#### OIL CON. DIV.

DIST. 3

#### GAS WELL

Actual Prod. Test - MCF/D <u>1959</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF <u>Trace</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pr.</u>	Tubing Pressure (Shut-in) <u>158</u>	Casing Pressure (Shut-in) <u>535</u>	Choke Size <u>3/4</u>

### 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.

Signature Ken E. White  
Printed Name Ken E. White Reg. Permit Coord.  
Title  
Date 9/13/89 Telephone No. (713) 968-3654

### OIL CONSERVATION DIVISION

Date Approved SEP 21 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 3

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.