

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Union Texas Petroleum Corporation

Address

P. O. Box 808, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name McCord "B"	Well No. 1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078213
Location Unit Letter F ; 1805 Feet From The North Line and 1810 Feet From The West Line of Section 23 Township 30N Range 13W , NMPM, San Juan County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) Attn: R. J. McCrary First International Bldg, Dallas Texas					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23	Twp. 30N	Rge. 13W	Is gas actually connected? No	When

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 3-15-83	Date Compl. Ready to Prod. 4-2-83		Total Depth 6593		P.B.T.D. 6550			
Elevations (DF, RKB, RT, GR, etc.) 5704 R.K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6279		Tubing Depth 6361			
Perforations 6279-6393 (Total of 28 holes)					Depth Casing Shoe 6591			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.0#	297	295 cu. ft.
7-7/8"	5-1/2", 17.0#	6591	2621 cu. ft. (3 stages)
	2-3/8" E.U.E., 4.7#	6361	

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 3262	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1687	Casing Pressure (shut-in) 1688	Choke Size 3/4"

## 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.

W. K. Cooper (Signature)  
Field Operations Manager

(Title)

June 17, 1983

## OIL CONSERVATION DIVISION

APPROVED JUN 20 1983, 19

BY Original Signed By FRANK T. JAMES

TITLE SUPERVISOR DISTRICT

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.