

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsk  
lp

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐

GAS WELL ☒

OTHER

RECEIVED

Crawford "26"

2. Name of Operator

Union Oil Company of California

NOV 12 1992

8. Well No.

1

3. Address of Operator

P. O. Box 671 - Midland, TX 79702

O. C. D.  
ARTESIA OFFICE

9. Pool name or Wildcat

White City-Pennsylvanian Gas

4. Well Location

Unit Letter J 1980 Feet From The south Line and 1980 Feet From The east Line

Section 26

Township 24-S

Range 26-E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3250' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: To pull RBP & produce w/Morrow ☒

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Procedure:

1. MIRU pulling unit. Kill Well down 2-3/8" tbg w/ 6% KCL water.
2. ND wellhead. NU 5000 psi hydraulic BOP. RIH w/ cup type pkr 30' +, test BOP to 500 psi.
3. Release Guiberson Uni-packer VI @ 9936'. POOH and LD pkr.
4. RIH w/ retrieving head on 2-3/8" tbg and retrieve RBP @ 10,313'. POOH and LD RBP.
5. RIH w/ Uni pkr VI, on off tool w/ profile nipples. Set pkr @ 9936'. Displace well w/ 6% KCL pkr fluid. Land tubing, ND BOP, NU tree. Test 2-3/8" x 5-1/2" annulus to 500 psi.
6. Swab well off, flow to clean up, return to production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Charlotte Beeson

TITLE

Drilling Clerk

DATE 11-11-92

TYPE OR PRINT NAME

Charlotte Beeson

TELEPHONE NO (915) 682-9731

(This space for State Use)

APPROVED BY

Mark P. Kelly

TITLE

DATE

NOV 25 1992

CONDITIONS OF APPROVAL, IF ANY:

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

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-110  
Effective 1-1-65

JUL 22 1983

I. Operator Union Oil Company of California ✓ O. C. D.  
Address P. O. Box 671 Midland, Texas 79702 ARTESIA, OFFICE  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: Change Field Name and Lease Name  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Crawford "26"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>White City-Pennsylvanian Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>24 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Transwestern Pipeline</u>	<u>P.O. Box 2521 Houston, Texas 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>Yes</u>	<u>7-18-60</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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

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.

L.H. Pardue L.H. Pardue  
(Signature)  
District Production Superintendent  
(Title)  
July 20, 1983  
(Date)

OIL CONSERVATION COMMISSION

JUL 25 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Leslie A. Clements  
Supervisor District II  
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.