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Appropriate District Office  
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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DEC - 6 1991

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Oil Company of California Well API No. 30-015-20284

Address: P. O. Box 671 - Midland, TX 79702

Reason(s) for Filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: Subject well was plugged back from the  
Recompletion ☒ Oil ☐ Dry Gas ☐ Morrow to Atoka. Recompletion date -  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ 11-12-91.  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Calvani Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Carlsbad Atoka</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> <u>1880</u> Feet From The <u>south</u> Line and <u>2130</u> Feet From The <u>west</u> Line Section <u>9</u> Township <u>22-S</u> Range <u>27-E</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 checked="" type="checkbox"/> <u>Pride Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2436 - Abilene, TX 79604</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Ilano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320 - Hobbs, N. Mexico 88240</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>9</u>	Twp. <u>22-5</u>	Rgn. <u>27-E</u>	Is gas actually connected? <u>Yes</u>	When? <u>11-12-91</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 <u>X</u>	New Well	Workover	Deepen	Plug Back <u>X</u>	Same Res'v	Diff Res'v
Date Spudded <u>12-28-72</u>	Date Compl. Ready to Prod. <u>Recomplete 11-12-91</u>		Total Depth <u>11,765'</u>		P.B.T.D. <u>11,187'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3084' GR</u>	Name of Producing Formation <u>Atoka</u>		Top Oil/Gas Pay <u>10,702'</u>		Tubing Depth <u>10,700'</u>			
Perforations <u>10,702-10'</u>					Depth Casing Shoe <u>11,762'</u>			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>381'</u>	<u>500 SXS Circ</u>
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>5208'</u>	<u>2400 SXS Port ID-2</u>
<u>8 1/2"</u>	<u>5 1/2"</u>	<u>11,762'</u>	<u>650 SXS 12-13-91</u>
	<u>2 3/8"</u>	<u>10,700'</u>	<u>P4A mo2 Comp Atc</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

GAS WELL

Actual Prod. Test - MCF/D <u>397</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (puot, back pr.) <u>Back pr.</u>	Tubing Pressure (Shut-in) <u>4200</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>10/64"</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.

Charlotte Beeson  
Signature  
Charlotte Beeson-Drilling Clerk  
Printed Name  
11-22-91 (915)682-9731  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 9 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.