

District I
PO Box 1960, Hobbs, NM 88241-1960
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Union Oil Company of California Willow Creek Res. P.O. Box 571 1309 Midland, TX. 79702		OGRJD Number 023710 25265
API Number 30-015-20784	Pool Name CARLSBAD ATOKA, SOUTH (GAS)	Reason for Filing Code CG; Change Gas Transporter Code Effective 10/01/94-2/28/95
Property Code 011445 16911	Property Name Calvani Com	Pool Code 73800
		Well Number 001

II. Surface Location

UL or lot no. K	Section 09	Township 22S	Range 27E	Lot Ids	Feet from the 1880	North/South Line South	Feet from the 2130'	East/West Line West	County Eddy
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South line	Feet from the	East/West line	County
" Loc Code P	" Producing Method Code F	" Gas Connection Date	" C-129 Permit Number	" C-129 Effective Date	" C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRJD	Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
018053	Pride Pipeline Co PO Box 2436 Abilene TX 79604	2546610	0	Calvani Com Tank Battery
032109	Hadson Energy 921 West Sanger Hobbs NM 88240	2546630	G	Same as above

RECEIVED

JUN 14 1995

OIL CON. DIV.

IV. Produced Water

" POD 2546650	" POD ULSTR Location and Description DIST. 2
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V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method

I hereby certify that the rules 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: *Julie McCutcheon Poole*

Printed name: Julie McCutcheon Poole

Title: Regulatory Clerk

Date: 6/12/95

Phone: (915) 685-7637

Approved by:

OIL CONSERVATION DIVISION
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

JUN 16 1995

" If this is a change of operator fill in the OGRJD number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

22.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)	
23.	The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.	
24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)	
25.	MO/D/A/YR drilling commenced	
26.	MO/D/A/YR this completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in this completion or casing shoe and TD if openhole	
30.	Inside diameter of the well bore	
31.	Outside diameter of the casing and tubing	
32.	Depth of casing and tubing. If a casing liner show top and bottom.	
33.	Number of sacks of cement used per casing string	
34.	MO/D/A/YR that new oil was first produced	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Shut-in tubing pressure - oil wells	
40.	Flowing casing pressure - oil wells	
41.	Shut-in casing pressure - gas wells	
42.	Diameter of the choke used in the test	
43.	Barrels of oil produced during the test	
44.	Barrels of water produced during the test	
45.	MCF of gas produced during the test	
46.	Gas well calculated absolute open flow in MCF/D	
47.	The method used to test the well: F Flowing P Pumping S Swabbing I If other method please write it in: The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person	
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift MO/D/A/YR that this completion was first connected to a gas transporter The permit number from the District approved C-129 for this completion MO/D/A/YR of the C-129 approval for this completion MO/D/A/YR of the expiration of C-129 approval for this completion The gas or oil transporter's OGRID number Name and address of the transporter of the product The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. Product code from the following table: G Gas O Oil	
11.	The bottom hole location of this completion Otherwise use the OCD unit letter. United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box.	
12.	Lease code from the following table: F Federal S State P Free J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	
14.	MO/D/A/YR that this completion was first connected to a gas transporter	
15.	The permit number from the District approved C-129 for this completion	
16.	MO/D/A/YR of the C-129 approval for this completion	
17.	MO/D/A/YR of the expiration of C-129 approval for this completion	
18.	The gas or oil transporter's OGRID number	
19.	Name and address of the transporter of the product	
20.	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.	
21.	Product code from the following table: G Gas O Oil	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.
A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.
All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.
A separate C-104 must be filled for each pool in a multiple completion.
Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address
Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
Reason for filling code from the following table:
NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include volume requested)
If for any other reason write that reason in this box.

The API number of this well
The name of the pool for this completion
The pool code for this pool
The property code for this completion
The property name (well name) for this completion
The well number for this completion

The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box.
The well number for this completion

The bottom hole location of this completion
Otherwise use the OCD unit letter.
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