

District I
PO Box 1980, Hobbs, NM 88241-1980
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-129
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 2.94

Operator name and Address Union Oil Company of California PO Box 671 Midland TX 79702		OGRID Number 023710
		Reason for Filing Code CG Change Gas Transporter
API Number 30 - 0 15-21008	Pool Name Undesignated (Bone Springs)	Pool Code 66002
Property Code 011499	Property Name Wersell A	Well Number 001

II. ¹⁰ Surface Location

UL or lot no. C	Section 03	Township 22S	Range 27E	Lot Ida	Feet from the 760'	North/South Line North	Feet from the 1980'	East/West line West	County Eddy
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lee Code P	¹³ Producing Method Code P	¹⁴ Gas Connection Date 11/12/93	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
020445	Scurlock Permian Corp PO Box 4648 Houston TX 77210-4648	2548910	O	
013382	LLANO, INC. 921 W. Sanger Hobbs, NM 88240	2548930	G	

IV. Produced Water

²³ POD 2548950	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 11/10/93(PB Began)	²⁶ Ready Date 11/12/93	²⁷ TD 11,815'	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ 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: 10/31/94 Phone: (915)685-7637

OIL CONSERVATION DIVISION
SUPERVISOR, DISTRICT II

Approved by

Title:

Approval Date: NOV 07 1994

⁴⁶ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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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 Water Tank", "Jones CPD Water Tank", 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 Shut-in tubing pressure - gas wells	39	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells	40	Diameter of the choke used in the test	41	Barrels of oil produced during the test	42	Barrels of water produced during the test	43	MCF of gas produced during the test	44	Gas well calculated absolute open flow in MCF/D	45	The method used to test the well: Flowing Pumping Swabbing S If other method please write it in.	46	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	47	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	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: O Oil G Gas
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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 operator unapproved.

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:

RT Request for test allowable (include volume requested)
RT If for any other reason write that reason in this box.
AG Add gas transporter
CO Change oil/condensate transporter
AO Add oil/condensate transporter
CH Change of Operator
RC Recompletion
NW New Well

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. Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:
F Federal
S State
P Free
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

Flowing
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:
O Oil
G Gas