

## OIL CONSERVATION DIVISION

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

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Union Texas Petroleum Corporation</u>	Well API No.
Address <u>P.O. Box 2120 Houston, Texas 77252-2120</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>JOHNSTON FEDERAL</u>	Well No. <u>24</u>	Pool Name, Including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078439</u>	
Location					
Unit Letter <u>A</u>	<u>820</u>	Feet From The <u>N</u>	Line and <u>895</u>	Feet From The <u>E</u>	Line
Section <u>12</u>	Township <u>30 N</u>	Range <u>9 W</u>	NMPM, <u>SAN JUAN</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"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington, NM 87499</u>					
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>375 U.S. Highway 64, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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'v	Diff Res'v
		<input checked="" type="checkbox"/>						
Date Spudded <u>5-29-89</u>	Date Compl. Ready to Prod. <u>7-29-89</u>	Total Depth <u>3000</u>		P.B.T.D. <u>2955</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5922 GR</u>	Name of Producing Formation <u>FRUITLAND COAL</u>	Top Oil/Gas Pay <u>2475</u>		Tubing Depth <u>2744</u>				
Perforations				Depth Casing Shoe <u>3000</u>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>9 5/8"</u>		<u>340</u>		<u>225</u>			
<u>8 3/4</u>	<u>7"</u>		<u>3000</u>		<u>465</u>			
	<u>2 7/8</u>		<u>2711</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, purging, lift, etc.)
		<b>RECEIVED</b>
Length of Test	Tubing Pressure	Casing Pressure
		<b>DEC 04 1989</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		<b>OIL CON. DIV</b>

### GAS WELL

Actual Prod. Test - MCF/D <u>970 MCF/D</u>	Length of Test <u>3 HR</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Pilot</u>	Tubing Pressure (Shut-in) <u>1475</u>	Casing Pressure (Shut-in) <u>1475</u>	Choke Size

### 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.

Signature W.K. Cooper  
Printed Name W.K. COOPER - Dist Prod Manager  
Date 12/4/89 Telephone No. (505) 325-3587

### OIL CONSERVATION DIVISION

Date Approved DEC 04 1989  
Original Signed by CHARLES GHOLSON  
By DEPUTY OIL & GAS INSPECTOR, DIST. #3  
Title

### 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.