

## 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

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

**L.**

Operator		Well API No.	
UNION TEXAS PETROLEUM CORPORATION		30-045-27459	
Address			
P. O. BOX 2120 - HOUSTON, TX 77252-2120			
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 JOHNSTON FED	Well No. 26	Pool Name, Including Formation BASIN (FRUITLAND COAL)	Kind of Lease State, Federal or Fee	Lease No. SF-078439
Location				
Unit Letter H	: 1530	Feet From The N	Line and 1230	Feet From The EAST
Section 7	Township 31N	Range 9W	NMPM, SAN JUAN	County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)		
MERIDIAN OIL, INC.		P.O. BOX 4289, FARMINGTON, NM 87499		
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)		
<del>EL PASO NATURAL GAS CO. UNION TEXAS PETRO</del>		<del>P.O. BOX 4990, FARMINGTON, NM 87499</del> Hwy 78 Mrs.		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When ?		
NO				

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
Date Spudded 7-17-90	Date Compl. Ready to Prod. 7-27-91			Total Depth 3429		P.B.T.D. 3386 3424			
Elevations (DF, RKB, RT, GR, etc.) 6601 GR	Name of Producing Formation FRUITLAND COAL			Top Oil/Gas Pay 3247		Tubing Depth 3144			
Perforations 3247' - 3393'						Depth Casing Shoe 3424			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		358'		210				
8 3/4"	7"		3250' 3070		400				
7"	5 1/2"		3424'		-				
	2 7/8"		3144'		-				

**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.)

OIL WELL		
(Test must be after recovery of total volume of total oil and must be equal to or exceed top allowance 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	Choke
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Dis. Condensate/MMCF	Gravity of Condensate
3211	20	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Pilot	325#	595#	Open

## 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.

Ben White

Signature KEN WHITE-REGULATORY PERMIT COORDINATOR

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
3-8-91 (713) 968-3654  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

JUN 03 1991

**Date Approved**

By \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ

**Title** SUPERVISOR DISTRICT # 5

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 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.