

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
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

RECEIVED

DEC 26 1989

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 2

I. 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 checked="" 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>23</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>I</u>	<u>1590</u>	Feet From The <u>South</u>	Line and <u>1000</u>	Feet From The <u>East</u> Line
Section <u>35</u>	Township <u>31N</u>	Range <u>9W</u>	<u>NMPM</u> , <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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Union Texas Petroleum Corporation</u>	<u>375 US Hwy. 64, Farmington, N.M. 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>Yes</u>	<u>12/21/89</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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>5/24/89</u>	Date Compl. Ready to Prod. <u>7/24/89</u>	Total Depth <u>2950</u>	P.B.T.D. <u>2908</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5942 GR.</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>2564</u>	Tubing Depth <u>2755</u>					
Perforations			Depth Casing Shoe <u>2950</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>355</u>		<u>225</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>2950</u>		<u>250</u>			
	<u>2 7/8"</u>		<u>2755</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>1374</u> MCF/D	Length of Test <u>3</u> Hours	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (puot, back pr.) <u>Pitot</u>	Tubing Pressure (Shut-in) <u>1000</u>	Casing Pressure (Shut-in) <u>1200</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.

John C. Pector
Signature
John C. Pector Production Supt.
Printed Name
12/22/89 (505) 325-3587
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 1989
By ORIGINAL SIGNATURE OF DEPUTY OIL & GAS INSPECTOR
Title DEPUTY OIL & GAS INSPECTOR, DIST #3

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.