

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Oil Company of California Well API No. \_\_\_\_\_  
Address P.O. Box 671 - Midland, TX 79702  
Reason(s) for Filing (Check proper box) Other (Please explain) \_\_\_\_\_  
New Well ☐ Change in Transporter of: \_\_\_\_\_  
Recompletion ☐ Oil ☐ Dry Gas ☐ Eff. date of change - 8-30-91  
Change in Operator ☐ Casinghead Gas ☒ Condensate ☐  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "20" Well No. 1 Pool Name, including Formation Bluff San Andres Associated Kind of Lease State, Federal or Fee Lease No. NM-0559817  
Location \_\_\_\_\_  
Unit Letter B 510 Feet From The north Line and 1980 Feet From The east Line  
Section 20 Township 8-S Range 38-E NMPM Roosevelt County \_\_\_\_\_

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 - Abilene, TX 79604  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250 - Midland, TX 79702  
If well produces oil or liquids, give location of tanks. Unit N Sec. 17 Twp. 8-S Rgn. 38-E Is gas actually connected? Yes When? 1-15-71  
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-215

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Charlotte Beeson  
Signature  
Charlotte Beeson - Dir. Clerk  
Printed Name Title  
12-20-91 (915) 682-9731  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 23 1991

By ONLINE SECTION

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.