

| | |
|-------------------|-----|
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-85

"CORRECTED REPORT"

Operator
Union Oil Company of California
Address
P.O. Box 671 Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|---|--|-----|-----------|
| Lease Name Reed | Well No. 2 | Pool Name, including Formation Morton (Wolfcamp) | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter <u>K</u> : <u>1870</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>15-S</u> Range <u>34-E</u> , NMPM, Lea County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Production Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1725 Midland, Texas 79702 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Resources Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179 Midland, Texas 79702 | |
| If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>12</u> Twp. <u>15-S</u> Rge. <u>34-E</u> | Is gas actually connected? Yes | When 1-14-86 |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | | |
|--|---|--|----------|--|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 11-27-85 | Date Compl. Ready to Prod. 1-10-86 | Total Depth 10,450' | | P.B.T.D. 10,445' | | | | | |
| Elevations (DF, RKB, RT, GR, etc., 4063' GR | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 10,415' | | Tubing Depth 10,333' | | | | | |
| Perforations 10,415' - 10,420' | | | | Depth Casing Shoe 10,450' | | | | | |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17-1/2" | 13-3/8" | 406' | 450 |
| 11" | 8-5/8" | 4616' | 1900 |
| 7-7/8" | 5-1/2" | 10450' | 1750 |
| | 2-7/8" | 10333' | |

VI. 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)

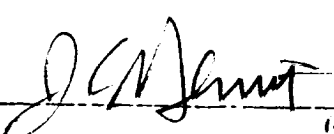
| | | | |
|---|----------------------------|---|----------------------|
| Date First New Oil Run To Tanks 1-9-86 | Date of Test 1-14-86 | Producing Method (Flow, pump, gas lift, etc.) flow | |
| Length of Test 24 hrs | Tubing Pressure 240 psi | Casing Pressure | Choke Size 25/64" |
| Actual Prod. During Test | Oil - Bbls. 330 | Water - Bbls. 3 | Gas - MCF 641 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 J.C. Merritt
(Signature)
District Production Supt.
(Title)
1-16-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1986, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple

RECEIVED

JAN 29 1986

G.C.P.
HCBES COUNCIL