

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

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

OIL CONSERVATION DIVISION

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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-1-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Union Oil Company of California</u>	Well API No. <u>30-025-30548</u>
Address <u>P.O. Box 671 - Midland, Texas 79702</u>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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"/> Other (Please explain) <u>Request 30 day permit to commingle this well w/our State "35" leases in the Corbin ABO & Corbin Queen fields.</u>	
If change of operator give name and address of previous operator <u>THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "35"</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Maljamar (Grayburg-SA)</u>	Kind of Lease <u>(State)</u> Federal or Fee	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>17-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510 - Midland, Texas 79702</u>					
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)					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>35</u>	Twp. <u>17-S</u>	Rge. <u>33-E</u>	Is gas actually connected? <u>No</u>	When? <u>ASAP</u>

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

IV. 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 <u>2-5-89</u>	Date Compl. Ready to Prod. <u>3-10-89</u>	Total Depth <u>4803'</u>		P.B.T.D. <u>4800'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>4121.1' GR</u>	Name of Producing Formation <u>Grayburg - SA</u>	Top Oil/Gas Pay <u>4393'</u>		Tubing Depth <u>4320'</u>				
Perforations <u>4678-4772</u>	<u>4393-4614</u>	Depth Casing Shoe <u>4803'</u>						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u> <u>2 7/8"</u>		DEPTH SET <u>1610'</u> <u>4803'</u> <u>4320'</u>		SACKS CEMENT <u>775</u> <u>965</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 <u>3-18-89</u>	Date of Test <u>4-9-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>80</u>	Water - Bbls. <u>1588</u>	Gas - MCF <u>15</u>

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

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 - Production Clerk
Printed Name
4-10-89 (915) 682-9731
Date Telephone No.

OIL CONSERVATION DIVISION

APR 11 1989

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

BE TON TERN 240 64300000
PLACED AFTER
UNLESS AN EXCUSE TO R-1019

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION
AND IS NOT TO BE USED FOR ANY OTHER PURPOSE
EXCEPT FOR THE PURPOSES STATED ABOVE

RECEIVED

APR 10 1989

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HOBBS OFFICE

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