

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

I. Operator Union Oil Company of California		Well API No. 30-025-31803
Address P. O. Box 671 Midland, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> For allowable <input checked="" type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "HH" (Delaware)	Well No. 2	Pool Name, including Formation Geronimo (Delaware)	Kind of Lease State Lease <input checked="" type="checkbox"/> Lease <input type="checkbox"/>	Lease No. L-6691
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 36 Township 19-S Range 32-E, 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"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1200 Hobbs, N.M. 88241	
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 A	Sec. 36
	Tw. 19-S	Rge. 32-E
	Is gas actually connected? No	
	When ?	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 3-1-93	Date Compl. Ready to Prod.		Total Depth 7900'		P.B.T.D. 7857'			
Elevations (DF, RKB, RT, GR, etc.) 3372.7' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7574'		Tubing Depth 7502'			
Perforations 7574-7607'					Depth Casing Shoe 7898'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	503'		400 sxs				
12-1/4"	9-5/8"	2900'		1100 sxs				
8-3/4"	7"	7898'		375 sxs				
		DV @ 5798'		735 sxs				

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 5-16-93	Date of Test 5-23-93	Producing Method (Flow, pump, gas lift, etc.) Pumping Unit	
Length of Test 24 hrs	Tubing Pressure 18 PSI	Casing Pressure 25 PSI	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 450	Gas - MCF 40

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.

Susan Bond

Signature
Susan Bond Regulatory Supervisor

Printed Name Title

7-8-93 (915) 685-7656
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 12 1993

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.