Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

OLL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

L	REQ				ABLE AND IL AND NA						
Operator Union Oil Company of C	Well API No. 30-025-26308										
Address:			.0.200			· · · · · · · · · · · · · · · · · · ·					
P. O. Box 671 Mid Resson(s) for Filing (Check proper box)	land, T	exas /	79702	<u></u>	x Oth	net (Please exp	dein)				
New Well		Change is	Тимер	orter of:		-		anny Mar	tinez of	f the	
Recompletion	Oil		Diy G	_				exico Ta			
Change in Operator If change of operator give name	Casinghe	ed Gas	Cande		··			···			
and address of previous operator			 _			·					
II. DESCRIPTION OF WELL Lesse Name	AND LE	7	12 72								
Maduro Unit	Well No. Pool Name, Included 1 Gem Morrow				_	•		of Lease Federal of Re	NM L	14794	
Location	·/	1	1		(043)						
Unit Letter	_:19	80	. Fost F	rom The	outh Lin	e and198	80F	set From The	East	Line	
Section 29 Townsh	ip 19 Sot	uth	Range	33 Eas	t N	мрм.	Lea				
TI DESIGNATION OF TO AN	icnoper	T 05 0								County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Conde		IXA		e address to w	hich approve	d come of this f	arm is to be s		
The Permian Corporat	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Tx. 77001										
Name of Authorized Transporter of Casis Lland Inc Northern Natural Gas	Address (Give address to which approved come of this form is to be sent) P. O. Box 1300 Hobbs, NM 88240 400 Commercial Bk. Bldg Midland, Tx. 79701										
if well produces oil or liquids.	Unit	Sec.	Twp.	Rgs	400 Com	mercial	Bk. Bld	g Midla	nd, Tx. 28, 1980	<u>79701</u>	
ive location of traks.	<u> I</u> J	29	19 <u>5</u>	33E	Yes			Mar.	17, 1980	5	
this production is commingled with that V. COMPLETION DATA	from any oth	er lease or p	pool, giv	ve commin	gling order numi) ter:					
Decignate Type of Completion		Oil Well	-	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resy	
Designate Type of Completion Date Spudded		pl. Ready to			Total Depth		<u>i </u>	<u> </u>	L	L	
		pi. Keatly io	riod.		Total Depta	-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Deat Color			
								Depth Casin	g 200e		
					CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				· · · · · · · · · · · · · · · · · · ·							
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					<u> </u>			
IL WELL (Test must be after re				oil and mus	t be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hour	z.)	
Date First New Oil Run To Tank	Date of Tes	4			Producing Met	thod (Flow, pu	mp, gas lift, e	IC.)			
ength of Test	Tubing Pressure				Casing Pressur	e		Choke Size			
ctual Prod. During Test	Oil - Bbls.										
citial Prod. During Test					Water - Bbls.			Gas- MCF			
GAS WELL		· · · · · · · · · · · · · · · · · · ·		·				<u> </u>			
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	Ie/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	.) Tubing Pressure (Shut-in)										
manag statutes (proof, totals pr.,)	room Lieserie (2012-10)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	ATE OF	COMPL	IAN	CE				<u> </u>	· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my to	owledge and	nation given 1 belief.	above				1 1 6 1				
$\mathcal{D}_{\mathbf{A}}$	-		A		Date	Approved	JAN	11 199	4		
Signature Um					By	Ry OPIGINAL CONTRACTOR					
Susan Bond Regulatory Supervisor					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 1-7-94	915) 68.	ī 5−7656	ide	.— .	Title_						
Date			one No		ll -						

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.