

P.O. Box 1980, Hobbs, NM 88240

# 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

Operator Union Oil Company of California		Well API No. 30-025-27705
Address P. O. Box 3100 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith	Well No. 1	Pool Name, including Formation Wildcat - Group 109	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No. 011488
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>19-S</u> Range <u>33-E</u> , <u>NMPM</u> 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 <u>Service Inc.</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GPM Gas Corp.</u>	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 Sec. Twp. Rgn. Is gas actually connected? 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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v		
Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations	Total Depth Top Oil/Gas Pay Depth Casing Shoe	P.B.T.D. Tubing Depth
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 Length of Test Actual Prod. During Test	Date of Test Tubing Pressure Oil - Bbls.	Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Water - Bbls.	Choke Size Gas - MCF
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### GAS WELL

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

Signature Susan Bond  
 Printed Name Susan Bond = Clerical Supervisor  
 Date 2-18-94 Telephone No. (915) 685-7656

### OIL CONSERVATION DIVISION

 Date Approved FEB 24 1994

 By ORIGINAL SIGNED BY JERRY SEXTON  
 Title DISTRICT I SUPERVISOR

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. Separate Form C-104 must be filed for each pool in multiply completed wells.

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