

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator <u>Union Oil Company of California</u> | Well API No. <u>30-025-27705</u> |
| Address <u>P.O. Box 671 - Midland, TX 79702</u> | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" 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"/> |

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. 96040

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|----------------------|---|---|--------------------------------|
| Lease Name <u>Smith</u> | Well No. <u>1</u> | Pool Name, Including Formation <u>Wildcat (Strawn)</u> | Kind of Lease State, Federal or <u>Fee</u> | Lease No. |
| 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> | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Phillips 66 Company</u> | <u>9C4 Adams Bldg. - Bartlesville, OK 74004</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Phillips 66 Company</u> | <u>9C4 Adams Bldg. - Bartlesville, OK 74004</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When? |
| <u>12, 175'-187'</u> | <u>125 19-S 33-E Yes 1-15-94</u> |

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 | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Date Spudded - Began Recompletion <u>12-21-93</u> | Date Compl. Ready to Prod. <u>1-13-94</u> | Total Depth <u>13,650'</u> | | | | P.B.T.D. <u>13,060'</u> | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>3620.5 GR</u> | Name of Producing Formation <u>Strawn</u> | Top Oil/Gas Pay <u>12,175'</u> | | | | Tubing Depth <u>12,055'</u> | | |
| Perforations <u>12,175'-187'</u> | | | | | Depth Casing Shoe <u>13,650'</u> | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|----------------|----------------------|----------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| <u>7 1/2"</u> | <u>3 3/8"</u> | <u>1,350'</u> | <u>1100</u> |
| <u>12 1/4"</u> | <u>9 5/8"</u> | <u>5,400'</u> | <u>2000</u> |
| <u>7 7/8"</u> | <u>5 1/2"</u> | <u>13,650'</u> | <u>750</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>1-15-94</u> | Date of Test <u>1-22-94</u> | Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u> | |
| Length of Test <u>24 hrs</u> | Tubing Pressure <u>40#</u> | Casing Pressure <u>0</u> | Choke Size <u>1"</u> |
| Actual Prod. During Test <u>39</u> | Oil - Bbls. <u>39</u> | Water - Bbls. <u>0</u> | Gas- MCF <u>74</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 Dir. Clerk

Printed Name (915) 685-7607 Title

Date 2-11-94 Telephone No.

OIL CONSERVATION DIVISION

Date Approved Feb 11 1994

By Paul Mautz Orig. Signed by
Geologist

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.