

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Union Oil Company of California	Well API No. 30-025-30650
Address: P. O. Box 671 - Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
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.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Maduro Federal Unit	Well No. 2	Pool Name, including Formation South Tonto Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-32591
Location Unit Letter K : 1800 Feet From The south Line and 2060 Feet From The west Line Section 20 Township 19-S Range 33-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 2256 - Wichita, KS 67201				
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 K	Sec. 20	Twp. 19S	Rgs. 33E	Is gas actually connected? No	When? Negotiating contract
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-23-89	Date Compl. Ready to Prod. 3-19-90		Total Depth 13,750'		P.B.T.D. CIBP @ 11,370'			
Elevations (DF, RKB, RT, GR, etc.) 3606' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9,940'		Tubing Depth 10,300'			
Perforations 9,940' - 10,064' Bone Springs					Depth Casing Shoe 13,750'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		505'		500			
12 1/4"	9 5/8"		5,245'		2,600			
8 3/4"	5 1/2"		13,750'		1,725			
	2 7/8"		10,300'					

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 3-19-90	Date of Test 3-22-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 38	Oil - Bbls. 38	Water - Bbls. 55	Gas- MCF 49

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 Drilling Clerk
Printed Name
April 9, 1990 (915) 682-9731
Date Telephone No.

OIL CONSERVATION DIVISION
APR 12 1990

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.