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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

Operator Union Oil Company of California Well API No. _____

Address P.O. Box 671 - Midland, TX 79702

Reason(s) for Filing (Check proper box) Other (Please explain) _____

New Well ☐ Change in Transporter of: _____

Recompletion ☒ Oil ☐ Dry Gas ☐ _____

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Gas connected 9-20-93

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Hills 28" Federal Comm. Well No. 1 Pool Name, including Formation Red Hills (Devonian) Kind of Lease State (Federal) or Fee Lease No. NM-26394

Location

Unit Letter G 2310 Feet From The North Line and 2310 Feet From The East Line

Section 28 Township 25-S Range 33-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) _____

no condensate

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) _____

Sid Richardson Carbon & Gas Co. 201 Main St. Ste. 3000 - Ft. Worth,

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgn. Is gas actually connected? When? Yes 9-20-93 TX 76102

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
		☒			☒			☒
Date Spudded <u>3-9-93</u> Recompleted <u>9-20-93</u> Date Compl. Ready to Prod. <u>9-20-93</u>			Total Depth <u>17,553'</u>			P.B.T.D. <u>17,548'</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3362' GR</u>		Name of Producing Formation <u>Devonian</u>	Top Oil/Gas Pay <u>17,478'</u>			Tubing Depth <u>2 7/8" @ 16,669'</u>		
Performances <u>17,478' - 17,535'</u>						Depth Casing Shoe <u>17,553'</u>		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>26"</u>	<u>20"</u>	<u>1,000'</u>	<u>1250</u>
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>4,923'</u>	<u>4000</u>
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>13,000'</u>	<u>3425</u>
<u>Liners - 7 3/4" @ 12,654' - 16,994' - 5" @ 16,691' - 17,553'</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 100 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D 1500 Length of Test 24 Bbls. Condensate/MMCF - 0 - Gravity of Condensate _____

Testing Method (pump, back pr.) Back Press Tubing Pressure (Shut-in) 5600 Casing Pressure (Shut-in) - 0 - Choke Size 13/64"

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 11-24-93 Title (915) 685-7607

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

DEC 03 1993

Date Approved _____

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.