

STRICTLY
A. Denver DD, Azusa, NM 88210
STRICTLY
30 Rio Arriba Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL	Well APN No.	300390654400
Address	3300 N. BUTLER, SUITE 200, FARMINGTON NM 87401		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
Oil Well	<input type="checkbox"/>		
Completion	<input type="checkbox"/>		
Change in Operator	<input type="checkbox"/>		
Change in Transporter of:	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

change of operator give name
and address of previous operator

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
RINCON UNIT	15	PICTURED CLIFFS		SF 079160
Location	Unit Letter <u>L</u> : <u>1713</u> Feet From The <u>S</u> Line and <u>1002</u> Feet From The <u>W</u> Line			
Section	Township	Range	County	
11	26N	07W	NMPM RIO ARRIBA	

I. 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)				
MERIDIAN OIL COMPANY	<input checked="" type="checkbox"/>	P.O. BOX 4289, FARMINGTON NM 87499				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL	<input checked="" type="checkbox"/>	3300 N. BUTLER, SUITE 200, FARMINGTON NM 87401				
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	L	11	26N	07W	NO	4-1-92

this production is commingled with that from any other lease or pool, give commingling order number.

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Well Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	MAR 31 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS - MCF
			OIL CON. DIV.
DIST. 3			

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.

Signature	GENERAL CLERK
Printed Name	Tide
3-17-92	505-326-7600
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	MAR 31 1992
By	<i>[Signature]</i>
Title	SUPERVISOR DISTRICT #3

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.