

STRICTLY
J. Drew DD, Aztec, NM 88210
STRICTLY
30 Rio Brazos Rd., Aztec, NM 87410

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. | 300390669300 |
| Address | 3300 N. BUTLER, SUITE 200, FARMINGTON NM 87401 | | |
| Reason(s) for Filing (Check proper box) | <input type="checkbox"/> Other (Please explain) | | |
| Is Well | <input type="checkbox"/> | | |
| Completion | <input type="checkbox"/> | | |
| Change in Operator | <input type="checkbox"/> | | |
| Change of operator give name | | | |
| 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 | 101 | MESA VERDE, Blanco | | SF 079160 |
| Location | Unit Letter L : 1850 Feet From The S Line and 850 Feet From The W Line | | | |
| Section | Township | Range | County | |
| 01 | 26N | 07W | NMPM, RIO ARRIBA | |

| | | | | |
|---|--|--|------|------|
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| Name of Authorized Transporter of Oil | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | | |
| Is well produces oil or liquids, or location of tanks. | Unit | Sec. | Twp. | Rge. |
| | L | 01 | 26N | 07W |
| Is gas actually connected? | When? | | | |
| NO | 4-1-92 | | | |

| | | | | | | | | | |
|--|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|--|
| this production is commingled with that from any other lease or pool, give commingling order number. | | | | | | | | | |
| VI. COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| 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 |
| | | | |
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| VII. 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.) | |
| 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 | Length of Test | Bbls. Condensate/MCMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

| | | | |
|--|--|---------------------------|--|
| VIII. OPERATOR CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | |
| 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. | | MAR 31 1992 | |
| Signature | | Date Approved | |
| JIM JOSLIN | | By | |
| GENERAL CLERK | | SUPERVISOR DISTRICT #3 | |
| Printed Name | | Title | |
| 3-17-92 | | | |
| Date | | | |
| 505-326-7600 | | | |
| Telephone No. | | | |

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.