

STRICT I
Box 1980, Hobbs, NM 88240

STRICT II
Drawer DD, Artesia, NM 88210

STRICT III
Rio Brazos Rd., Aztec, NM 87410

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

See instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL	Well API No. 30-045-22029
Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator	
Change is Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	

DESCRIPTION OF WELL AND LEASE			ALLOTTED INDIAN	
Lease Name NAVAJO E-18	Well No. 5	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. N00-C-1420-
Location Unit Letter E : 1500 Feet From The NORTH Line and 1150 Feet From The WEST Line Section 18 Township 25N Range 10W, NMPL SAN JUAN County			3772	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL COMPANY	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401
Well produces oil or liquids, or location of tanks.	Unit E	Sec. 18
	Twp. 25	Rge. 10
	Is gas actually connected? YES	When? 8-10-77

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (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.)	
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/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
SANDY LIESE
GENERAL CLERK
Printed Name
NOVEMBER 7, 1991
Date
505-326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 0 8 1991
By
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.