

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
Drawer DD, Artesia, NM 88210

DISTRICT III
Rio Brazos Rd., Aztec, NM 87410

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) Other (Please explain)

Change in Transporter of:
 New Well Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Operator

Change of operator give name and address of previous operator

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------------|--|--|--------------------------|
| 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 <u>E</u> : <u>1500</u> Feet From The <u>NORTH</u> Line and <u>1150</u> Feet From The <u>WEST</u> Line | | | | 3772 |
| Section <u>18</u> | Township <u>25N</u> | Range <u>10W</u> | NMPM, SAN JUAN County | |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
MERIDIAN OIL COMPANY
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 or Dry Gas
UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL
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 |
|--|-----------|------------|------------|------------|-----------------------------------|------------------|

If 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 |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|--------------|-------------------|------------|
| 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.) | RECEIVED NOV 8 1991 OIL CONSERVATION DIVISION |
| Length of Test | Tubing Pressure | Casing Pressure | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |

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 |

IV. 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.

Sandy Liese
Signature
SANDY LIESE GENERAL CLERK

Printed Name
NOVEMBER 7, 1991

Date
NOVEMBER 7, 1991

Title
305-326-7600

Telephone No.
305-326-7600

OIL CONSERVATION DIVISION

Date Approved NOV 08 1991

By [Signature]

Title SUPERVISOR DISTRICT #3

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.