

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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

DESCRIPTION OF WELL AND LEASE				ALLOTTED INDIAN
well Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
NAVAJO L-18	8	BASIN DAKOTA		N00-C-1420-3773
location				
Unit Letter	L	1500	Feet From The SOUTH	Line and 1150 Feet From The WEST
Section	18	Township	25N	Range 10W, NMPM, SAN JUAN County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
MERIDIAN OIL COMPANY		P.O. BOX 4289, FARMINGTON, NM 87499			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL		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	18	25	10	YES 8-12-77
this production is commingled with that from any other lease or pool, give commingling order number:					

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
use 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			
deviations						Depth Casing Shoe			

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

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/MCF	Gravity of Condensate
testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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
SANDY LIESE	
Printed Name	Title
11/7/91	505-326-7600
Date	Telephone No.

OIL CONSERVATION DIVISION	
NOV 08 1991	
Date Approved	
By	SUPervisor DISTRICT #3
Title	

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.