

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TRACT II
Drewer DD, Artesia, NM 88210

TRACT 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 APN No. 30-045-22033
Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Well completion <input type="checkbox"/>	Change is Transporter of: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

DESCRIPTION OF WELL AND LEASE				ALLOTTED INDIAN
Well Name NAVAJO I-1	Well No. 3	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. NOO-C-1420-3778
Location Unit Letter <u>I</u> : <u>1500</u> Feet From The <u>SOUTH</u> Line and <u>1150</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>25N</u> Range <u>11W</u> , NM PM, <u>SAN JUAN</u> County				

I. 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.
	I	1	25	11
Is gas actually connected?		When?		
YES		8-10-77		

his 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	
Well Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Measurements						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.)			
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

I. 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.		NOV 0 8 1991	
Signature <u>Sandy Liese</u>		Date Approved	
SANDY LIESE		By <u>Burt D. Shurt</u>	
GENERAL CLERK		SUPERVISOR DISTRICT #2	
Title		Title	
Printed Name NOVEMBER 7, 1991		505-326-7600	
Date		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.