

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	UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL	Well API No.	30-045-23186
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 is Transporter of:	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
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	Lease No.
NAVAJO L-19	4Y	BASIN DAKOTA	State, Federal or Fee	N00-C-1420-5195
location	Unit Letter L : 1800 Feet From The SOUTH Line and 790 Feet From The WEST Line			
Section	Township	Range	County	
19	25N	10W	SAN JUAN	

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, UNOCAL		3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401	
well produces oil or liquids, location of tanks.	Unit	Sec.	Wtp.
	L	19	25
			Rge.
			10
Is gas actually connected?	When?		
YES	3-29-79		

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
date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
locations	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/MMCF	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
NOVEMBER 7, 1991	505-326-7600
Date	Telephone No.

OIL CONSERVATION DIVISION	
NOV 0 8 1991	
Date Approved	
By	SUPervisor DISTRICT 13
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.

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