

OIL CONSERVATION DIVISION

STRICT II
J. Devere DD, Azusa, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III
30 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL		Well API No. 300390683400	
Address 3300 N. 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 in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
Change of operator give name and address of previous operator			
DESCRIPTION OF WELL AND LEASE			
Well Name RINCON UNIT	Well No. 183	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee
Lease No. SF 079364			
Location Unit Letter <u>K</u> : <u>1697</u> Feet From The <u>S</u> Line and <u>1460</u> Feet From The <u>W</u> Line Section <u>31</u> Township <u>27N</u> Range <u>06W</u> , <u>NMPM</u> , <u>RIO ARRIBA</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"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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	
Is well produces oil or liquids, or location of tanks	Unit <u>K</u> Sec. <u>31</u> Twp. <u>27N</u> Rge. <u>06W</u>	Is gas actually connected? <u>NO</u> When? <u>4-1-92</u>

this production is commingled with that from any other lease or pool, give commingling order number:

V. 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.			
Elevations (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

VI. 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 <u>MAR 31 1992</u>
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

VII. 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 JIM JOSLIN GENERAL CLERK
Printed Name JIM JOSLIN Title
Date 3-17-92 Telephone No. 505-326-7600

OIL CONSERVATION DIVISION

Date Approved MAR 31 1992By [Signature]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.