

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

of Union Oil Company of California dba Unocal	Well API No. 30-039-06867
is 3300 N. Butler, Suite 200, Farmington, New Mexico 87401	
a(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Well <input type="checkbox"/>	Change is Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Is Operator <input type="checkbox"/>	
Signature of operator give same address of previous operator	

DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No. SF-079364
Name Rincon Unit	Well No. 1	Pool Name, including Formation Basin Dakota	
Location Unit Letter I : 1359' Feet From The South Line and 953' Feet From The East Line		Rio Arriba County	
Section 30	Township 27N	Range 6W	NMPM

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Meridian Oil Company 2555610	P.O. Box 4289, Farmington, New Mexico 87499	
of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company 2555630	P.O. Box 4990, Farmington, New Mexico 87499	
Well produces oil or liquids, location of tanks	Unit I	Sec. 30	Twp. 27
		Rge. 6	Is gas actually connected? Yes
When?			

production is commingled with that from any other lease or pool, give commingling order number.		COMPLETION DATA	
2555650			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
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		WELL (Test must be after recovery of total volume of load on 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.	Loss - MCF
		JUL 17 1990	

AS WELL		OIL CON. DIV.	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
		DIST. 3	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Sandra K. Liese	General Clerk
Printed Name July 13, 1990	Title 326-7600
Date	Telephone No.

OIL CONSERVATION DIVISION	
JUL 17 1990	
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.