

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT II
1000 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 API No. | 30-039-06917 |
| Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401 | | | |
| Reason(s) for Filing (Check proper box) | | <input checked="" type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: | INSTALLATION OF CENTRAL POINT OF DELIVERY | |
| Recompletion <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"/> | |
| If change of operator give name and address of previous operator | | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|-----------------|--|--|------------------------|
| Lease Name RINCON UNIT | Well No. 165 | Pool Name, Including Formation BASIN DAKOTA | Kind of Lease FEDERAL State, Federal or Fee | Lease No. SF-079366 |
| Location | | | | |
| Unit Letter G | 1450' | Feet From The NORTH | Line and 1600' | Feet From The EAST |
| Section 27 | Township 27N | Range 6W | NMPM, | RIO ARRIBA |
| County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|--|
| Name of Authorized transporter of Oil MERIDIAN OIL, INC. | <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499 |
| Name of Authorized Transporter of Casinghead Gas UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL | <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent 3300 N. BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? YES |
| When? | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | |

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-------------|--------------|--------|-----------|------------|----------|
| Designated Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res |
| Date Spudded | Date Comp. 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 RECORDS | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | SACKS CEMENT | | | | |
| MAR 22 1993 | | | | | | | | |
| OIL CONSERVATION DIVISION | | | | | | | | |

V. 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.)

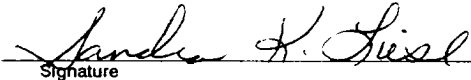
| | | | |
|--------------------------------|-----------------|--|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas, lift, ect.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | 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 |

VI. 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

Title

3/15/93

326-7600

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 22 1993

By 

Title SUPERVISOR DISTRICT #3

INSTRUCTIONS:

This form is to be filled 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.