

OIL CONSERVATION DIVISION

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

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

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 | | Well API No. 30-039-25180 |
| Address 3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401 | | |
| Reason(s) for Filing (Check proper box) | | <input type="checkbox"/> Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input 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. 171M | Pool Name, Including Formation BLANCO MESA VERDE | Kind of Lease State, Federal or Fee | Lease No. SF-079366 |
| Location | | | | |
| Unit Letter J : 1,645 Feet From The South Line and 1,775 Feet From The East Line | | | | |
| Section 21 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) BOX 4289, FARMINGTON, NM 87499 |
| Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO. | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TX 79978 |
| If well produces oil or liquids, give location of tanks. | Unit J Sec. 21 Twp. 27N Rge. 6W | Is gas actually connected? NO When? ASAP |
| 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'v |
| | | X | X | | | | | |
| Date Spudded 7/16/92 | Date Comp. Ready to Prod. 11/19/92 | | Total Depth 7,707' | | P.B.T.D. 7,661' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6,528' GR | Name of Producing Formation BLANCO MESA VERDE | | Top Oil/Gas Pay 4,826' | | Tubing Depth 7,469' | | | |
| Perforations 4,826' - 4,940' | BLANCO MESA VERDE | | | | Depth Casing Shoe 7,706' | | | |

TUBING, CASING AND CEMENTING RECORDS

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 368' | 250 SX |
| 7 7/8" | 5 1/2" | 7,706' | 1,770 SX |
| | 2 3/8" | 7,469' | |
| | PACKER | 4,981' | |

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 141 | Length of Test 24 Hrs. | Bbls. Condensate/MMCF -0- | Gravity of Condensate 55 DEG. |
| Testing Method (pilot, back pr.) BACK PRESSURE | Tubing Pressure (Shut-in) 450 PSI | Casing Pressure (Shut-in) ----- | Choke Size 16/64" |

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.

Malia Villers
Signature

MALIA VILLERS
Printed Name

11/10/92
Date

FIELD CLERK
Title

(505)326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Aproved NOV 24 1992

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #2

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.