

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator UNION OIL COMPANY OF CALIFORNIA		Well AM No. 30-039-25207
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. 136E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079360
Location Unit Letter <u>D</u> : <u>1175'</u> Feet From The <u>FNL</u> Line and <u>830</u> Feet From The <u>FWL</u> Line Section <u>23</u> Township <u>27N</u> Range <u>7W</u> , <u>NMPM</u> , <u>RIO ARRIBA</u> County				

III. 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 INC. <u>255 72 10</u>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY <u>255 72 30</u>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>23</u> Twp. <u>27N</u> Rge. <u>7W</u>	Is gas actually connected? <u>NO</u> When? <u>ASAP</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/25/92	Date Compl. Ready to Prod. 10/28/92		Total Depth 7690'		F.B.T.D. 7642'			
Elevations (IDF, RKB, RT, GR, etc.) 6605' GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7342'		Tubing Depth 7552'			
Perforations 7342 - 7618 BASIN DAKOTA					Depth Casing Shoe 7690'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		364'		240 SX			
7-7/8"	5-1/2"		7689'		1479 SX 11/45			
	2-3/8"		7552'					
	PACKER		4966'					

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, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 828	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1920	Casing Pressure (Shut-in) ---	Choke Size 18/64"

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.

Signature Janeen Prator
JANEEN PRATOR DRILLING CLERK
Printed Name 1/14/93 Title 505-326-7600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 28 1993
By [Signature]
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.

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TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039-25207
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. 136E	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079360
Location Unit Letter D : 1175' Feet From The FNL Line and 830 Feet From The FWL Line Section 23 Township 27N Range 7W NMPM RIO ARRIBA County				

III. 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 INC.	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 23	Twp. 27N	Rge. 7W	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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/25/92	Date Compl. Ready to Prod. 10/28/92		Total Depth 7690'		P.B.T.D. 7642'			
Elevations (IDF, RKB, RT, GR, etc.) 6605' GR	Name of Producing Formation BLANCO MESAVERDE		Top Oil/Gas Pay 4776'		Tubing Depth 7552'			
Perforations 4913-14, 4814, 4780 MV SQZ PERFS / 4776-4914' MESA VERDE					Depth Casing Shoe 7690'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		364'		240 SX			
7-7/8"	5-1/2"		7689'		1479 SX 11/215			
	2-3/8"		7552'					
	PACKER		4966'					

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, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 74	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate 55°
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 610	Casing Pressure (Shut-in) ----	Choke Size 14/64"

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.

Signature
JANEEN PRATOR
Printed Name
JANEEN PRATOR
Date
1/14/93
Title
DRILLING CLERK
Telephone No.
505-326-7600

OIL CONSERVATION DIVISION

Date Approved JAN 28 1993

By
SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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