Revi - 1-1See Instructions
at Notion of Page

DISTRICE II P.O. Drawer DD, Anesia, NM \$\$210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator Well								API No.				
UNION OIL COMPANY OF CALIFORNIA								30-039-25207				
Address	<u> </u>											
3300 N. BUTLER, SUITE	200,	FARMIN	GTON,	NM	87401							
Reason(s) for Filing (Check proper box)					Oth	es (l'iease expla	in)					
New Well		Change in	Transpor	ter of:								
Recompletion []	Oil		Dry Gas							;		
Change in Operator	[7]						DE	0 - 9192				
If change of operator give name												
and address of previous operator				···								
II. DESCRIPTION OF WELL A	ND LEA	SE										
Lease Name	Well No. Pool Name, Includi			ng Formation			Lesse		Lease Na			
RINCON UNIT	136E BASIN			DAKOTA		State, I	State, Federal or Fee SF-07936					
Location												
Unit LetterD	: 1175	<u>'</u>	Fed Fro	m The $\underline{\hspace{1.5cm}}^{\hspace{1.5cm} F}$	NL Lin	e and830	F≪	t From The	FWL	Line		
						D.T.(_		
Section 23 Township	27N		Range		N	MPM, RIC	O ARRIBA			County		
		n 07 0		> \$7 4 PP*# 11	041 646							
III. DESIGNATION OF TRANS	SPORTE	or Conden			Addres (Gi	a address to vib	ich approved	cany of this for	u ie to be te	at)		
Name of Authorized Transporter of Oil		255		X				th approved copy of this form is to be sent) NGTON, NM 87499				
MERIDIAN OIL INC.		$\frac{\times \sqrt{2}}{2}$		200 (3)						n()		
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO		. 2.55						l copy of this form is to be sent) SO, TX 79978				
If well produces oil or liquids,	Unit	<u>>(>)</u> Sec.	Twp			y connected?	When					
eive location of tanks.	D	23	27		NO			ASAP				
If this production is commingled with that for			L		ing order sum	ber:						
IV. COMPLETION DATA	on any ou	25		ు షౌస	ing older seen							
IV. CORILETION DATA		loii Well		ias Well	New Well	Workover	Decpen	Plug Back S	ame Res'v	Diff Rest		
Designate Type of Completion -	(X)	I WELL		X	X	1	1 200/00 1	I TO DECK 15		1		
Date Spudded		i. Ready to	Pend		Total Depth	l	L	F.B.T.D.				
8/25/92		0/28/				7690 '			7642'			
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay			Tubing Depth				
6605' GR	Name of Producing Formation BASIN DAKOTA				7342'			7552'				
Perfect stores						7342		Depth Casing Shoe				
7342 - 7618 BASIN D	АКОТА							'	7690 '			
7542 7010 BROTH B		TIBING	CASIN	IG AND	CEMENTI	NG RECOR	D	1				
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 //45				
, ,, ,	2-3/8"			7552' j								
		PACKER			4	966'	15	25 65 5	High Black			
V. TEST DATA AND REQUES	FOR A	ILLOW	ABLE		<u> </u>		En An	40 B	J B	5		
OIL WELL (Test must be after re	covery of to	stal volume	of load o	oil and must	be equal to o	r exceed top all	owable for thi	depth or be fo	r full 24 Mice	7}		
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow, pi	ump, gas liji, i	ાહ્યું હ મહા	3			
					J		Olice					
Length of Test	Tubing Pr	911/23:			Casing Press	nue	ī	Teldelin Dir				
					<u> </u>							
Actual Frod. During Test	Oil - Bble				Water - Bbli	L		Gas- MCF				
	J				<u> </u>			J				
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of Co				
828	ŀ	24 HOURS				0		5-5 %				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
BACK PRESSURE	1920							18/64"				
VI. OPERATOR CERTIFIC	ATEO		PLIAN	ICE	1							
I hereby certify that the rules and regul				ICD	11	OIL CON	NSERV	ation [DIVISK	NC		
Division have been complied with and				ŧ	11							
is true and complete to the best of my					Det	e Approve	od J	AN 281	3 33	:		
			: *		Ual	/ · · · ·	-	Λ				
(Laneon Ha	2/01						7.1	> d	/	es stad		
Signature					By	By Bul Chang						
JANEEN PRATOR DRILLING CLERK					SUPERVISOR DISTRICT 3							
Printed Name Title 505-326-7600					Title							
Date	בייייי		lephone I	No.	11							
					_!	a new trace						

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 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.

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III IUU Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		11 1/31	101 01	11 01	THE INT	I OI IAL GA		Pl Na.				
UNION OIL COMPANY OF	OF CALIFORNIA						4	30-039-25207				
Address	VOIL COMPANT OF CALIFORNIA											
3300 N. BUTLER, SUIT	E 200, FA	RMINO	GTON,	NM	87401							
Reason(s) for Filing (Check proper box)					Oth	et (l'ease expla	in)					
New Well	Ch		l'ansporte	ત ભું 🖳	_							
Recompletion []	Oil		Dry Gas									
Change in Operator	Casinghead G	u 🗌 (Condensa	<u>ا</u> م								
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL.	AND LEASI	3										
Lease Name		Well No. Pool Name, Includi-						Kind of Lease Lease No. 57.03.00				
RINCON UNIT	1	136E BLANCO M				E	State,	State, Federal or Fee SF-079360				
Location	_			_		0.00			TTT			
Unit LetterD	1175'		Feet Fron	n TheF	'NL Lie	830) F≪	et From The	FWL	Line		
0.0	0.733		_	71.1		DTC) ARRIBA					
Section 23 Township	27N		Range	7W	- NI	APM, RIC	AKKIDA	· · · · · · · · · · · · · · · · · · ·		County		
III. DESIGNATION OF TRAN	SPADTED (OF OU	LAND	NATII	RAL CAS							
Name of Authorized Transporter of Oil		Condens	-44		Address (Giv	e address to wh	ich approved	copy of this form	n is to be se	N)		
MERIDIAN OIL INC.	السا ''		L	X				NM 87499				
Name of Authorized Transporter of Casing	head Cus [or Dry G	· X	Address (Giv	e oddress to wh	ich approved	copy of this form	n is to be se	N)		
EL PASO NATURAL GAS C			<u>-</u>					50, TX 79978				
If well produces oil or liquids,	Unit Se	۱	Twp.	Rge.	le gas actuall	y connected?	When	hen ?				
give location of tanks.	D	23	271	7W	NO		i	ASAP				
If this production is commingled with that	from any other l	case or p	oal, give	comming	ing order numl	ber:						
IV. COMPLETION DATA	*											
		il Well	Ca	s Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion	- (X)	_		X	X		ll			J		
Date Spudded	Date Compl. F	-			Total Depth			P.B.T.D.		1		
8/25/92		10/28/92				7690'		7642'				
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6605' GR	BLANCO MESAVERDE				4776 '			7552'				
Perforations		no '	1771	40141	MEGA TE	DDE		Depth Casing	shoe 7690'			
4913-14, 4814, 4780 MV									7090			
		TUBING, CASING AND					עע	04640 054547				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT 240 SX				
12-1/4"		5/8"	·			364' 689'		1479 SX // 4/5				
7-7/8"		-1/2" -3/8"				552'		1479 SA // -/ S				
												
V. TEST DATA AND REQUES		CKER	ni E		L4	966'		1				
OIL WELL (Test must be after r	economy of total	udume c	r lord oil	and must	he equal to or	exceed top all	walle for this	edeuth on be for	full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test					t be equal to or exceed top allowable for this depth on be for full 24 hours.) Producing Method (Flore manne, gas lift, elect S						
THE PARTY OF THE 1V INIA				-			1					
Length of Test	Tubing Pressu	re			Casing Pressure			Stroke Size	U			
							11 00	J 1000				
Actual Prod. During Test	Oil - Bble.	Oil - Bble.					ie CO	Mar. Del	A: RIV			
	1						DIST	3				
GAS WELL		· . v										
Actual Prod. Test - MCF/D	Length of Tes	1			Bbls. Conder	sute/MMCF		Gravity of Co	ndensale			
74		24 HOURS			0			55°				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ure (Shut-in)		Choke Size					
BACK PRESSURE	1	610						14/64"				
· · · · · · · · · · · · · · · · · · ·			LIANO	CE	1							
	VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and						- •	-					
is true and complete to the oct of my knowledge and belief.					Date Approved JAN 2 8 1993							
()	-1				Dall	- whhinas	<u> </u>	100	<u> </u>			
Clanentino	JOL	<u>.</u>			l n	_	7	-1	· •			
Signature	ODITA TYC	OT ED	, ,		By_		(الساع	- Clar	<i>{</i>			
JANEEN PRATOR DRILLING CLERK					Title SUPERVISOR DISTRICT /3							
1/12/193	505-326	-7600		y Nama	Title			J.07 F	1.U1 F)		
Date	202 220		phone No).						dignal est.		
		أستست	-						areim			
INSTRUCTIONS: This for	rın is ta he fi	lad in a	· ilmm	nca with	Dula 1104			i Lie				

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance 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.