DISTRICT II P.O. Drawer DD, Aneda, NM \$4210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Le cator							20 020 25209				
UNION OIL COMPANY OF C	ALIFORNIA						30-039-25208				
Address	200 =	ADMING	TON	NM S	37401						
3300 N. BUTLER, SUITE	200, F	AKTING	TON,	141.1		es (l'Isase explo	·/a)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transco	rter of:		re in come exhite	·-·y				
New Well A	Oil	Curringe in	Dry Ga								
Change in Operator		d Cm 🔲	•								
change of operator give name											
nd address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Including										
RINCON UNIT	137M BASIN DAKO				OTA State, F			Federal or Fee SF-079298D			
Location		9									
Unit LetterJ	: 154	0	Feet Fr	om The	FSL Lie	e and150	O Fo	et From The _	FEL	Line	
2.4	271	,	_	7W		PTO	ARRIBA			County	
Section 24 Township	27N		Range		N	MPM, RIO	ARRIDA			Country	
II DESIGNATION OF TRANS	CUADTE	D OF O	11. AN	I) NATIII	RAL GAS						
11. DESIGNATION OF TRANSPORTER OF OIL AND NATUR						Address (Give address to which approved copy of this form is to be sent)					
MERIDIAN OIL INC.					BOX 4289, FARMINGTON, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATRUAL GAS CO		MPANY			P.O. BOX 1492 EL PASO			TX 79978			
If well produces oil or liquids,	Unit Sec.		Twp	Rgc.	Is gas actually connected?		When	When 7			
ive location of tanks.	<u> </u>	L	<u> </u>	J	NO			ASAP			
this production is commingled with that i	rom any od	er lease or	pool, giv	lgnia u mos sv	ing order bun	ber:					
V. COMPLETION DATA						<u> </u>	·	PM	Cama Bank	him p	
Decianate Time of Completion	. (X)	Oil Well	' ! '	Gas Well	New Well	Workover	Deepen	Plug Back	joanne Kesy	Diff Res'v	
Designate Type of Completion		l Partiti	_ل_	<u> </u>	Total Depth	<u> </u>	L	P.B.T.D.	L	.J	
Date Spudded	Date Compt. Ready to Prod. 10/25/92				7714'			7667'			
8/7/92 Elevations (DF, RKB, RT, GR, etc.)	Name of B					Top Oil/Gas Pay			Tubing Depth		
6619 GR	BASIN DAKOTA				l ·	7376'					
Perforations								Depth Casin			
7376 - 7644' BASIN								<u> </u>	7714'		
	TUBING, CASING AND							· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12-1/4"	8-5/8"			365'			220 SX				
7-7/8"		5-1/2"				7714'			1389 SX		
	2-3/8" PACKER SET @					76501		 			
	·					666		3 200 000			
V. TEST DATA AND REQUES	ACOVERS OF	add whom	anda Amila	oil and must	be equal to a	racked top of	omable for the	de las or la	for full 24 hou	es.)	
OII, WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to organized top allowable for the defails of in for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
were a most than OH LUN 10 ISHE	Die of ton					Producing Method (Flow, pump, gas lyt, etc.) JAN 21 1998					
Length of Test	Tubing Pressure				Casing Pressure 11			Choke Size			
					1	OIL CON. L			[V		
Actual Frod. During Test	Oil - Bbls.				Water - Bbia DIST. 3			Gu-MCF			
	<u> </u>				1			1			
GAS WELL								·			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
446		24 HOURS				1 ,			55°		
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size 15/64"			
BACK PRESSURE	830				J	<u> </u>			13/04		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		OIL CO	NOEDV	ATION	DIMEN	NC.	
I hearby certify that the rules and regu	lations of th	e Oil Cons	ervation		11	OIL OU	AOEU A	MITON	אַפואַוע	JI4	
Division have been complied with and	that the inf	ormation g	iven abo	ve	11				000		
is true and complete to the best of my	KRUW KOZE	A Delica.			Da	e Approvi	edE	EB 51	993		
(VO N O O N H	イヘー	17			11	-		A			
Signature	$\lambda \mathcal{U}$	~ ~ ~ 	<i>ـــــ</i>		Ву		7.) d	/_		
JANEEN PRATOR	DRI	LLING	CLERK	<u> </u>	11 '				- ਨ		
Printed Name / C 3		206 7	Title		Till	8	SUPERV	ISOR DIS	STRICT	<i>t</i> B	
1120195	505	<u>-326-7</u>	elephone	No.	- 11				-		
			rulana	, m.							

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.

 37 Fill out only sections 1, 11, 111, 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.