Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Olerator								API No.			
UNION OIL COMPANY OF	CALIFOR	RNIA				····	30	-039-2520)8 	-4	
Address		7 . D. (T.).	amost) T) (07/01						
3300 N. BUTLER, SUITE	200, E	ARMIN	FTON,	NM	87401				· ·		
Reason(s) for Filing (Check proper box)			_	_	∐ on	ves (Please expl	lain)				
New Well		Change i								•	
Recompletion [_	Oil	<u> </u>	Dry G								
Change in Operator	Casinghe	ad Cas	Conde	1126							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No. Pool Name, Including							of Lease No.		
RINCON UNIT		137M UNDES. GAL				LUP			Federal or Fee SF-079298D		
Location		Z.									
Unit LetterJ	: 154	40	_ Feet Fr	om The	FSL Lin	c and	00 Fe	et From The	FEL	Line	
	071	•		711		DIC					
Section 24 Townsh	ip 271	<u> </u>	Range	7W	<u>, N</u>	MPM, RIC	ARRIBA			County	
HE DECIGNATION OF TO A	JCUADTE	en oe c	18 A BI	IN NIATTI	DAT CAS					•	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to								come of this fore	e is to be se	at)	
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 Out or Dry Oas [X]						Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATRUAL GAS COMPANY						30X 1492					
If well produces oil or liquids,	Unit	Sec	Twp	Rec	le gas actual	·	When				
give location of tanks.	1			i	NO	,		ASAP			
I this production is commingled with that	from any of	her lease or	pool, giv	e comming!	ing order num	ber:					
V. COMPLETION DATA			• .•								
		Oil Wel	11 (Cas Well	New Well	Workover	Deepen	Plug Back S	eme Res'v	Diff Res'v	
Designate Type of Completion			l_	X	<u> </u>	<u> </u>				<u></u>	
Date Spudded	Date Com	pl. Ready I	o Prod.		Total Depth			P.B.T.D.			
8/7/92		10/25/92				7714'			7667		
Elevations (I)F, RKB, RT, GR, etc.)	1	Producing I			Top Oil/Gas Pay			Tubing Depth			
6619' GR	UNDE	UNDES. GALLUP				6576'			Dut Color C		
Perforations							₽ ₁₇ 4	Dejah Caring			
6576' - 6848' UNDES									7714		
		TUBING, CASING AND									
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET	18192	1383/2	URB-CEM	EM1	
12-1/4" 7-7/8"		8-5/8"				365	IL CO	(
7-7/8	 	5-1/2" 2-3/8"									
		PACKER SET @				7650' DIS					
V. TEST DATA AND REQUE					L	3004		I			
OIL WELL (Test must be after i					be equal to or	exceed top all	owable for this	depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, pr				<u></u> -	
	1							. •			
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bble	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
108		24 HOURS			0			55°			
Testing Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
BACK PRESSURE	10	1010 PSI							15/64"		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIAN	NCE			•	·*		····	
I hereby certify that the rules and regu				.02	 	OIL CON	NSERV	ATION D	IVISIO	N	
Division have been complied with and	I that the info	ormalion gi		e							
is true and complete to the best of my	knowledge :	and belief.			Date	Approve	ad l	FEB 51	993		
	5	to				o i ippi o ac	· · · · · · · · · · · · · · · · · · ·				
(Januar	<u> </u>	101			p.,		7.	1	1		
Signature JANEEN PRATOR	וזמח	LLING	עקקון)		By_			-/ 04			
Printed Name	DKII	TITHG (Title				SUPER	VISOR DIS	TRICT	#3	
1120193	505-	-326-7			Title)	 				
Date			lephone l	No.							
	-		_		حيبسياك						

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.

 The out only sections 7, 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.