

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

I.

Operator UNION OIL COMPANY OF CALIFORNIA	Well API No. 30-039-25209
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. 170M	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079366
Location				
Unit Letter <u>I</u> : <u>1,495</u> Feet From The <u>South</u> Line and <u>935</u> Feet From The <u>East</u> Line				
Section <u>20</u> Township <u>27N</u> Range <u>6W</u> ,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 type="checkbox"/> or Dry Gas <input checked="" 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 <u>I</u> Sec. <u>20</u> Twp. <u>27N</u> Rge. <u>6W</u>	Is gas actually connected? <u>NO</u> When? <u>ASAP</u>

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

IV. COMPLETION DATA 2553050

DHC-920

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 8/16/92	Date Comp. Ready to Prod. 11/19/92		Total Depth 7,772'		P.B.T.D. 7,716'			
Elevations (DF, RKB, RT, GR, etc.) 6,598' GR	Name of Producing Formation BLANCO MESA VERDE		Top Oil/Gas Pay 4,883'		Tubing Depth 7,612'			
Perforations 4,883' - 4,967 UPPER BLANCO MESA VERDE, 5,067' - 5,453' LOWER BLANCO MESA VERDE					Depth Casing Shoe 7,765'			

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	370'	240 sx
7 7/8"	5 1/2"	7,765'	1,810 sx
	2 3/8"	7,612'	
	PACKER	5,513'	

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 of well 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. test - MCF/D 179	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) 640 PSI	Casing Pressure (Shut-in) -----	Choke Size 15/64"

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.

OIL CONSERVATION DIVISION

Date Approved NOV 24 1992

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #

Malia Villers  
Signature  
MALIA VILLERS  
Printed Name  
11/10/92  
Date  
FIELD CLERK  
Title  
(505)326-7600  
Telephone No.

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.