

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA	Well API No. 30-039-25214
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. 127-M	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location Unit Letter <u>D</u> : <u>850</u> Feet From The <u>NORTH</u> Line and <u>800</u> Feet From The <u>WEST</u> Line Section <u>28</u> Township <u>27N</u> Range <u>6W</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>2554850</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 CO. <u>2554836</u>	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>D</u>	Sec. <u>28</u>	Twp. <u>27N</u>	Rge. <u>6W</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
		<u>X</u>	<u>X</u>					
Date Spudded <u>9/2/92</u>	Date Compl. Ready to Prod. <u>10/9/92</u>		Total Depth <u>7775'</u>		P.B.T.D. <u>7730'</u>			
Elevations (D.F., RKB, RT, GR, etc.) <u>6656' GR</u>	Name of Producing Formation <u>BLANCO MESA VERDE</u>		Top Oil/Gas Pay <u>4884'</u>		Tubing Depth <u>7656'</u>			
Perforations <u>4884-4930' UPPER MV, 5224-76' LOWER MV</u>					Depth Casing Shoe <u>7774'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>380'</u>		<u>240 SX</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>7774'</u>		<u>1785 SX</u>			
	<u>2 3/8"</u>		<u>7656'</u>					
	PACKER		<u>5252'</u>					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		<u>DEC 11 1992</u> OIL CON. DIV. DIST 3	

GAS WELL

Actual Prod. Test - MCF/D <u>88</u>	Length of Test <u>24 HRS.</u>	Bbls. Condensate/MMCF <u>-0-</u>	Gravity of Condensate <u>55°</u>
Testing Method (pilot, back pr.) <u>BACK PRESSURE</u>	Tubing Pressure (Shut-in) <u>620 PSI</u>	Casing Pressure (Shut-in) <u>-----</u>	Choke Size <u>48/64"</u>

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.

Malia Sower
Signature
MALIA SOWER FIELD CLERK
Printed Name
Date 12/08/92 Telephone No. 505/326-7600

OIL CONSERVATION DIVISION

Date Approved DEC 28 1992

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST 3

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.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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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. 127-M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location Unit Letter <u>D</u> : <u>850</u> Feet From The <u>NORTH</u> Line and <u>800</u> Feet From The <u>WEST</u> Line Section <u>28</u> Township <u>27N</u> Range <u>6W</u> , <u>NMPM</u> , <u>RIO ARRIBA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>
	Twp. <u>27N</u>	Rge. <u>6W</u>
	Is gas actually connected? NO	When? ASAP

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

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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 9/2/92	Date Compl. Ready to Prod. 10/9/92		Total Depth 7775'		P.B.T.D. 7730'			
Elevations (IDF, RKB, RT, GR, etc.) 6656' GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7424'		Tubing Depth 7656'			
Perforations 7424 - 7642' BASIN DAKOTA					Depth Casing Shoe 7774'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		380'		240 SX			
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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.)	RECEIVED DEC 11 1992 OIL CON DIV DIST
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 366	Length of Test 24 HRS	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1125 PSI	Casing Pressure (Shut-in) -----	Choke Size 16/64"

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 Malia Sower
Printed Name MALIA SOWER FIELD CLERK
Date 12/08/92 Title
Telephone No. 505/326-7600

OIL CONSERVATION DIVISION

Date Approved DEC 28 1992

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #2

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