

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 DBA UNOCAL	Well API No.	30-039-25222
Address	3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
RINCON UNIT	108E	BASIN DAKOTA	FEDERAL	SF-079366
Location				
Unit Letter	O	1180'	Feet From The	SOUTH
Line and	1805'	Feet From The	EAST	Line
Section	19	Township	27N	Range
6W	NMPM,	RIO ARRIBA	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"/>	Address	(Give address to which approved copy of this form is to be sent
MERIDIAN OIL, INC.		P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address	(Give address to which approved copy of this form is to be sent
UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL		3300 N. BUTLER SUITE 200, FMTN., N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	O	19	T27N
			R6W
Is gas actually connected?	When?	ASAP	
NO			

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

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res
		X	X					
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
10/01/92	12/01/92		7715'		7671'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6572' GR	DAKOTA		7320'		7459'			
Perforations	Depth Casing Shoe							
7320' - 7604'	328 SHOTS 4 SPF							

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8"	24# J-55	355'	SEE ATTACHED
5 1/2"	17# N-80 & J-55	7715'	
2 3/8"	4.7# J-55	7459'	

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	
		(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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
661	24 HRS.	0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
POSITIVE CHOKE	1600		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.

Sandra K. Liese  
Signature  
SANDRA K. LIESE  
Printed Name  
GENERAL CLERK  
Title  
4/8/93  
Date  
326-7600  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 18 1993  
By  
Title SUPERVISOR DISTRICT # 3

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.

RINCON UNIT #108-E  
SF-079366  
30-039-25222  
BASIN DAKOTA/OTERA CHACRA  
SEC.19-T27N-R6W  
1180' FSL & 1805' FEL

CEMENTING RECORD

SURFACE: 240 sx CL "B"  
(CIRC 65 sx CMT TO SURFACE)

CEMENTED IN 3 STAGES:

1ST STAGE: 250 sx 50-50-4 CMT  
TAIL W/150 sx CL "B"  
(GOOD CIRC THROUGHOUT STAGE 1)

2ND STAGE: 350 sx 50-50-4 CMT  
TAIL W/80 sx CL "B"  
(GOOD CIRC THROUGHOUT STAGE 2)

3RD STAGE: 275 sx CL "B"  
TAIL W/ 80 sx CL "B"  
(GOOD CIRC THROUGHOUT STAGE 3 - W/165 sx CMT  
TO SURFACE)

SQUEEZED OTERA CHACRA PERFS W/150 sx CL "B" CMT.  
TOC p3960'