

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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.	30-039-25223
Address	3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing	(Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	SPLIT CONNECT
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.	182E	Pool Name, including Formation	BASIN DAKOTA	Kind of Lease	FEDERAL	Lease No.	SF-079367A
Location									
Unit Letter	J	1690'	Feet From The	SOUTH	Line and	1500'	Feet From The	EAST	Line
Section	26	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)	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)	3300 N. BUTLER SUITE 200, FMTN., N.M. 87401; P.O. BOX 4999,			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?	FMTN., N.M. 87499	ASAP
	D	29	T27N	R6W	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	10/06/92	Date Comp. Ready to Prod.	03/27/93	Total Depth	7888'	P.B.T.D.	7840'	
Elevations (DF, RKB, RT, GR, etc.)	6644' GR	Name of Producing Formation	DAKOTA	Top Oil/Gas Pay	7484'	Tubing Depth	7737'	
Perforations	7484' - 7738'	472 SHOTS	4 SPF			Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8"	24# J-55	370'	SEE ATTACHED
5 1/2"	17# N-80 & J-55	7886'	
2 3/8"	4.7# J-55	7737'	

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

Date First New Oil Run To Tank	Date of Test	Producing Method	(Flow, pressure, etc.)
		Casing Pressure	
Length of Test	Tubing Pressure	Water - Bbls.	
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
517	24 HRS.	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
POSITIVE CHOKE	1200		15/64"

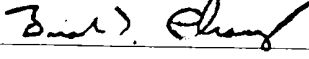
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

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

OIL CONSERVATION DIVISION

Date Approved APR 15 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.

LEASE NAME & NO.:  
API NO.:  
STATE OIL & GAS LEASE NO.:  
UNIT LETTER:

RINCON UNIT #182E  
30-039-25223  
SF-079367 A  
J SEC. 26-T27N-R6W

## CEMENTING REPORT

SURFACE CSG: 250 SX CL "B"

PRODUCTION CSG:

CEMENTED IN 3 STAGES:

1ST STAGE; 380 SX 50-50-4 + 4 TAILED W/ 150 SX PREM CMT  
(GOOD CIRCULATION THROUGHOUT STAGE 1)

2ND STAGE; 350 SX 50-50-4 + 4 TAILED W/ 60 SX PERM CMT  
(LOST CIRCULATION AFTER 60 BBLS INTO DISPLACE-  
MENT. BROKE CIRC. CIRC. & COND. MUD.)

3RD STAGE; 400 SX CL "B"  
TAILED W/ 430 SX 50-50-4  
(CIRCULATION THROUGHOUT STAGE 3)  
(CIRCULATE 250 SX CMT TO SURFACE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>SF-079364</b>
2. NAME OF OPERATOR <b>Union Oil Company of California dba Unocal</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>3300 N. Butler, Suite 200, Farmington, New Mexico 87401</b>		7. UNIT AGREEMENT NAME <b>Rincon Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1690' FSL, 1500' FEL</b>		8. FARM OR LEASE NAME <b>Rincon Unit</b>
14. PERMIT NO. <b>30-039-25223</b>		9. WELL NO. <b>#182E</b>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <b>6644' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Undesignated Gallup</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>J Sec. 26, T27N, R6W</b>
		12. COUNTY OR PARISH <b>Rio Arriba</b>
		13. STATE <b>New Mexico</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

The sundry dated 11/30/92 reported Gallup perforations from 6852'-7026' should read from 6822' - 7026'.

RECEIVED  
APR 26 1993  
OIL CON. DIST.  
DIST.

RECEIVED  
APR 22 1993  
OIL CON. DIST.

18. I hereby certify that the foregoing is true and correct

SIGNED Glen O. Papp TITLE Field Superintendent DATE 4/15/93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

APR 22 1993

FARMINGTON DISTRICT OFFICE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GP/sl

NMCOO

06/10/96 14:31  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
311 South First, Artesia, NM 88210  
District III  
1000 Rio Grande Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

STATE OF NEW MEXICO  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

NO. 266 003

Form C-102  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number <b>30-039-25223</b>	Pool Code <b>96579</b>	Pool Name <b>WILDCAT 27N6W26E, GALLUP (G)</b>
Property Code <b>011510</b>	Property Name <b>RINCON UNIT</b>	Well Number <b>182E</b>
OGUID No. <b>023708</b>	Operator Name <b>UNOCAL</b>	Elevation <b>6644</b>

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>T</b>	<b>26</b>	<b>27N</b>	<b>06W</b>		<b>1690</b>	<b>SOUTH</b>	<b>1500</b>	<b>EAST</b>	<b>RA</b>

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres <b>160</b>	Joint or Infill <b>Y</b>	Consolidation Code <b>U</b>	Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16.									

RECEIVED  
JUN 14 1996  
OIL CON. DIV.  
DIST. 2

1500  
1690

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature  
*Karl Shepton*

Printed Name  
**Senior Petroleum Engineer**

Title  
**6/10/96**

Date

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey

Signature and Seal of Professional Surveyor

Certificate Number