District | PO Box 1986, Hobbs, NM 88241-1986 District II

State of New Mexico

Revised February 10, 1994 instructions on back

PO Drawer DD, Artesia, NM 88211-9719

Previous Operator Signature

RLC/skl

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Submit to Appropriate District Office District III 5 Copies 1000 Rio Be s Rd., Aster, NM 97410 District IV AMENDED REPORT PO Box 2008, Santa Fe, NM 97904-200 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator same and Address OGRED Name UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL P.O. BOX 850 se for Filing Code BLOOMFIELD, NEW MEXICO 87413 NW Pool Name Pool Code API Number 30 - 0 39 - 25224 72319 BLANCO MESA VERDE Well Number Property Code 1 Property Name RINCON UNIT 011510 #128M 10 Surface Location 11 C 44 44 1175' SOUTH 1185' 28 **EAST** 039 27N 6W 11 Bottom Hole Location Township Les Ide Feet from the UL or lot as. Ρ 28 27N 6W 1175' SOUTH 1185' " C-129 Emiredea Det " Gas Coal decing Method Code " C-129 Purmit Name C 129 Effective Date Las Cade F **ASAP** Oil and Gas Transporters * 0/G POD ULSTR " Transporter Name " POD Transporter OGRID and Address and Description 813542 G 7057 EL PASO NATURAL GAS COMPANY P.O. BOX 4990 FARMINGTON, N.M. 87499 281354110 MERIDIAN OIL COMPANY 14538 P.O. BOX 4289 FARMINGTON, N.M. 87409 DEGETVE NOV 2 2 1994 IV. Produced Water CON. " POD ULBIR Location re " " recription POD DIM. I <u> 2 8 1</u> 3 **5 4 3** Well Completion Data " TD Sped Date " Ready Date " Perferations 4892' - 5470' 07/21/94 10/26/94 7810' " Hole Size " Caring & Tubing Size Depr. 1 * Secks Coment 325<u>sx C1"B" cmt 2%CaC</u> 447' 12 1/4" 5/8" 24# 7 7/8" 5 1/2" 15.5#&17# 300sx C1"G" cmt. 665sx50/ 78081 50poz w//30sx 65/35 C1 $\mu^{(i_{11}}$ cmt. to surf. 2 3/8" 75681 I. Well Test Data Date New Oil " Gas Delivery Date " Test Date Test Length " The. Pressure " Ceg. fr. care **ASAP** 10/23/94 24 Hrs. " Choke Size 4 Water G AOF " Test Method 40/64 0 6 175 MCF/D Flowing "I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION knowledge and belief Sermore: Approved by: Que ORIGINAL SIGNED BY ERNIE BUSCH Proted name DEPUTY OIL & GAS INSPECTOR, DIST. #3 Title: R.L. Caine NOV 2 2 1994 Title Approval Date: Production Foreman Phone (505)632-1811 Date: 11/21/94 " If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Title

Date

IS IS AN AMENDED REPORT. CHECK THE BOX LABLED NDED REPORT" AT THE TOP OF THIS DOCUMENT

all gas volumes at 15.025 PSIA at \$0°, all oil volumes to the nearest whole barrel.

uset for allowable for a saviy drilled or despend well must be appared by a tabulation of the deviation tests conducted in dance with Rule 111.

ctions of this form must be filled out for allowable requests on and recompleted wells.

It only sections I, II, III, IV, and the operator certifications for as of operator, property name, well number, transporter, or such changes.

arate C-104 must be filed for each pool in a multiple

sarly filled out or incomplete forms may be returned to

Operator's name and address

Operator's OGRID number. You do not have one it will be seeigned and filled in by the District effice.

Resean for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

ACI Add oil/condensate transporter

CC Change eli/condensate transporter

ACI Add ges transporter

CCI Change ges transporter

RT Request for test allowable (Include volume requested)

requested)
If for any other reason write that reason in this best.

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NGTE: If the United States government survey designates a Let Number for this location use that number in the 'UL er let ne.' best. Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:
Federal
State
Fee
J Jicarilla

Navejo Ute Mountein Ute Other Indian Tribe

The producing method code from the following table:

Flowing Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this

The gas or oil transporter's OGRID number

Name and address or the transporter of the product

The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

Product code from the following table:
O Oil
G Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jense CPD",etc.) 22.
- The PCO number of the storage from which water is moved from the property. If this is a new well or recomplisher and this POD has no number the district office will easign a number and write it here.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Bettery A Water Tank", "Jenes CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DAMR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD II eponhole 29.
- Incide diameter of the well bere 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bettern.
- Number of seeks of coment used per easing string 13.

The following test data is for an all well it must be from a test conducted only after the total volume of load all is recovered.

- MO/DA/YR that new all was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 36.
- Longth in hours of the test 37.
- Flowing tubing pressure oil well Shut-in tubing pressure gas well 38.
- Flowing casing pressure all wells Shut-in easing pressure gas wells 39.
- 40. ' Diameter of the choke used in the test
- is of all produced during the test 41.
- 42. is of water produced during the test
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:

 F Flowing
 P Pumping
 S Swebbing
 If other method please write it in. 45.

The signature, printed name, and title of the person surherized to make this report, the date this report was signed, and the telephone number to call for questions about this report. 44.

The previous operator's name, the signature, printed name, and title of the previous operator's representative surherized to verify that the previous operator ne longer operator this completion, and the date this report was signed by that person 47.