Form C-104 Revised 1-1-89 See Instructions

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator LINION OIL COMPANY OF CA			LANDI	NATURAL G		API No.		
UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401				30-039-25225				
Reason(s) for Filing (Check proper box)		EW MEXICO 874	01	Other (Please	explain)			
New Well X	Change in Transpor	rter of:			on product,			
Recompletion	oil	Dry Gas						
	asinghead Gas	Condensate						
If change of operator give name and address of previous operator								
II. DESCRIPTION OF	WELL AND	LEASE						
Lease Name RINCON UNIT Location	T Well No. Pool Name, Including Fo 135E BASIN DAKOTA			rmation Kind of Lease FEDERAL Lease No. State, Federal or Fee SF-079364				
Unit Letter D	; 790 '	Feet From Th	e NORTH	Line and 790'	Feet From TI			
Section 29 Township	27N	Range	6W	NMPM.	RIO ARRIBA		WEST	Line
III. DESIGNATION OF	TRANSPO	RTER O					County	
Name of Authorized transporter of Oil	gr Çone		X				of this farm is	
MERIDIAN OIL, INC. Name of Authorized Transporter of Casinghea	OIL, INC. Porized Transporter of Casinghead Gas Or Dry Gas X			Address (Give address to which approved copy of this form is to be sent P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499 Address (Give address to which approved copy of this form is to be sent				
EL PASO NATURAL GAS COMPANY If well produces oil or liquids,	355	<u> </u>		P.O. BOX 4999,	FARMINGTON,	NEW MEXICO	of this form is 87 499	to be sen
give location of tanks.	Unit Sec.	Twp. 9 ⊨ T27N	Rge.	Is gas actually conn NO	ected?	When?		
If this production is commingled with that from	any other lease or pool, g						ASAP	
IV. COMPLETION DA	TA O							
IV. COM LETION DA	17 355	150	10. 14.11					
Designated Type of Completion - (X)		Oil Well	Gas Well X	New Well Worko	ver Deepen	Plug Back	Same Res'v	/ Diff Res
Date Spudded	Date Comp. Ready	to Prod.		Total Depth		P.B.T.D.	<u> </u>	<u> </u>
10/09/92 Elevations (DF, RKB, RT,GR, etc.)		03/27/93		7690	1	r.b.1.D.	7650'	
6583' GR	Name of Producing Fo	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 7338'		Tubing Depth		
Perforations 70001 001 70701 001 70701				7556		Depth Casin	7460'	
7338'-60'; 7370'-92'; 746			\$ SPF					
	TUBING, (CASING	AND CE	MENTING	RECOR)S		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
8 5/8* 5 1/2*		24# J-55		359'		SEE ATTACH ED		
2 3/8*	11 00 d 0 30		-55	7689' 7460'		 	 	
						+		
V. TEST DATA AND R	EQUEST FO	OR ALLO	WABL	E				
OIL WELL (Test must be after r	recovery of total volume of	flood oil and musi						-
Date First New Oil Run To Tank	Date of Test		De equal to or	Producing Method		r be for full 24	hours.)	3
				rioducing Method	(Flow nump		AF	M
Length of Test	Tubing Pressure			Casing Pressure		Crioke Size		-
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	<u> </u>	PR1 151	993	<u> </u>
GAS WELL	<u>i</u>			<u> </u>				
Actual Prod. test - MCF/D	Length of Test	·		Bbls. Condensate/M	MCE OIL			
1398 Testing Method(pitol, back pr.)		HRS.				Graphot Co	maensate	
POSITIVE CHOKE	Tubing Pressure (Shut 213			Casing Pressure (Sh	ut-in)	Choke Size		
VI.OPERATOR CERTI			IANCE				16/64"	
			.,	0.11				
l hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CON	ISERVA	TION [)IVISI(NC
is true and complete to the best of my knowle	edge and belief.							
				D-4 4	, AD)D 1 540	.n.a	
Signature				Date Apro	oved Ar	PR 1 5 19	33 	
SANDRA K. LIESE	GENERAL CLERK			Ву	9	_1	,	_
Printed Name	Title			ال ال	0.1	· Cl.	_/_	
4/8/93	326-7600			Title	SUPERVI	SOR DIST	IRIOT #	3
Date	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 filled for each pool in multiply completed wells.

LEASE NAME & NO.:

API NO.:

STATE OIL & GAS LEASE NO.:

UNIT LETTER:

RINCON UNIT #135E

30-039-25225

SF-079364

D SEC. 29-T27N-R6W

CEMENTING REPORT

SURFACE CSG: 240 SX CL "B"

PRODUCTION CSG:

CEMENTED IN 3 STAGES:

1ST STAGE;

550 SX 50-50-4+2 TAILED W/ 150 SX PREM CMT

(GOOD CIRCULATION THROUGHOUT STAGE 1)

2ND STAGE;

433 SX 50-50-4 + 4 TAILED W/ 60 SX PERM CMT

(CIRCULATED WHILE WOC)

3RD STAGE:

433 SX CL "B" + 3& BJA2 + 4

TAILED W/ 431 SX 50-50-4 + 4

(GOOD CIRCULATION THROUGHOUT ALL STAGES)

SQUEEZED CHACRA: 4095'-96' W/4 SPF

150 SX CL "B" NEAT + 50 SX CL "B" (SPOTTED IN CSG.)