

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL		Well API No. 30-039-06892
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 type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" 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. 141	Pool Name, Including Formation SOUTH BLANCO PICTURED CLIFFS	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-079366
Location				
Unit Letter C	: 990'	Feet From The NORTH	Line and 1550'	Feet From The WEST
Section 27	Township 27N	Range 6W	,NMPM, RIO ARRIBA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized transporter of Oil MERIDIAN OIL, INC.	<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 UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL	<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, FARMINGTON, NEW MEXICO 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
If this production is commingled with that from any other lease or pool, give commingling order number:			Is gas actually connected? YES	When?

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res
Date Spudded	Date Comp. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORDS								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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, ect.)	
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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
 SANDRA K. LIESE
 Printed Name
 3/15/93
 Date
 GENERAL CLERK
 Title
 326-7600
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved: MAR 22 1993
 By: [Signature]
 Title: SUPERVISOR DISTRICT #3

- INSTRUCTIONS:** This form is to be filled in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.