

UCT II
Newer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

UCT III
Jo Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

for Union Oil Company of California dba Unocal	Well API No. 30-045-06757
at 3300 N. Butler, Suite 200, Farmington, New Mexico 87401	
to(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Is Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Age of operator give same Address of previous operator	

DESCRIPTION OF WELL AND LEASE

Name Filan	Well No. 5	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-078461
Location Unit Letter <u>M</u> : <u>850'</u> Feet From The <u>South</u> Line and <u>820'</u> Feet From The <u>West</u> Line				
Section <u>5</u>	Township <u>27N</u>	Range <u>8W</u>	NMPM, San Juan County	

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 Company	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)
El Paso Natural Gas Company	P.O. Box 4990, Farmington, New Mexico 87499
Well produces oil or liquids, location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
<u>M</u> <u>5</u> <u>27</u> <u>8</u>	<u>Yes</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
various (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
various					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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.)

First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 General Clerk
Printed Name Title
July 16, 1990 326-7600
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 17 1990

Date Approved _____
By Burt D. Sherry
SUPERVISOR DISTRICT #3
Title _____

INSTRUCTIONS: This form is to be filed 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.