

Appropriate District Office
STRICT I
P.O. Box 1980, Hobbs, NM 88240

ENERGY, MINERALS AND FUELS DEVELOPMENT DEPARTMENT

See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

STRICT III
30 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Union Oil Company of California dba Unocal	Well API No. 30-045-23186
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Address 3300 N Butler, Suite 200, Farmington, NM 87401

Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain)	Change is Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change Well Name
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Change of operator give name and address of previous operator

DESCRIPTION OF WELL AND LEASE			
Lease Name Navajo L-19	Well No. 4Y	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee N00-C-1420-5185
Location Unit Letter <u>L</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>25N</u> Range <u>10W</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"/> Meridian Oil Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation		Address (Give address to which approved copy of this form is to be sent) P.O. Box 8900, Salt Lake City, UT 84108-0899				
Well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 25	Rge. 10	Is gas actually connected? Yes	When? 3-29-79

If this 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
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Deviations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
Perforations					Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

RECEIVED
JUL 22 1991

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. DIV.
DIST. 3

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 <i>Sandy Liese</i>	Title General Clerk
Printed Name Sandy Liese	Telephone No. 505-326-7600
Date 7/17/91	

OIL CONSERVATION DIVISION	
Date Approved	JUL 22 1991
By	<i>Burt J. Shroy</i>
Title	SUPERVISOR DISTRICT #3

- 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.