

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039-25057
Address 3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input 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. 158M	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter J	: 1,535	Feet From The South	Line and 1,480	Feet From The East
Section 22	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) BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 22
	Twp. 27N	Rge. 6W
	Is gas actually connected? When? NO ASAP	
If this production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/8/92	Date Comp. Ready to Prod. 10/19/92	Total Depth 7,630'	P.B.T.D. 7,582'					
Elevations (DF, RKB, RT, GR, etc.) 6,426' GR	Name of Producing Formation BLANCO MESA VERDE	Top Oil/Gas Pay 4,758'	Tubing Depth 7,495'					
Perforations 4,758' - 4,858' UPPER MV, 4,952' - 5,320' LOWER MV	Depth Casing Shoe 7,630'							

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	357'	240 sx
7 7/8"	5 1/2"	7,624'	1,310 sx
	2 3/8"	7,495'	
	PACKER	5,340'	

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 flow for this depth or full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas, lift, ect.)	NOV 18 1992
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 198	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55 DEGREES
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 480 PSI	Casing Pressure (Shut-in) -----	Choke Size 18/64"

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.

Malia Villers
 Signature

MALIA VILLERS FIELD CLERK
 Printed Name Title

11/17/92 (505)326-7600
 Date Telephone No.

OIL CONSERVATION DIVISION

NOV 18 1992

Date Approved

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.

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Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input 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. 158M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or <u>Lease</u>	Lease No.
Location				
Unit Letter J	: 1535	Feet From The South	Line and 1480	Feet From The East
Section 22	Township 27N	Range 6W	,NMPM, RIO ARRIBA County	

III. 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) BOX 4289, FARMINGTON, NM 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) BOX 1492, EL PASO, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 22
	Twp. 27N	Rge. 6W
	Is gas actually connected?	When?
	NO	ASAP
If this production is commingled with that from any other lease or pool, give commingling order number: _____		

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/8/92	Date Comp. Ready to Prod. 10/19/82		Total Depth 7,630'		P.B.T.D. 7582'			
Elevations (DF, RKB, RT, GR, etc.) 6,426' GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7,300'		Tubing Depth 7,495'			
Perforations 7,300' - 7,530' BASIN DAKOTA				Depth Casing Shoe 7,630'				

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	357'	240 sx
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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 for 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. test - MCF/D 234	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55 DEGREES
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 470 PSI	Casing Pressure (Shut-in) ---	Choke Size 24/64"

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.

Malja Villers
 Signature

MALJA VILLERS
 Printed Name

FIELD CLERK
 Title

11/17/92
 Date

(505)326-7600
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 18 1992

By [Signature]

Title SUPERVISOR DISTRICT #3

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RECEIVED
 NOV 18 1992
 OIL CON. DIV
 DIST. 3