

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA	Well API No. 30-039-25184
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. 184M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079360
Location Unit Letter P : 790' Feet From The FSL Line and 1025' Feet From The FSL Line Section 15 Township 27N Range 7W, 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"/> MERIDIAN OIL INC. 2556910	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"/> EL PASO NATURAL GAS COMPANY 2556430	Address (Give address to which approved copy of this form is to be sent) P O BOX 1492, EL PASO, TEXAS 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
P 15 27N 7W	NO ASAP

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9/13/92	Date Compl. Ready to Prod. 11/12/92	Total Depth 7750'	P.B.T.D. 7708'					
Elevations (IDF, RKB, RT, GR, etc.) 6616 GR	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 7406'	Tubing Depth 7634'					
Perforations 7406-7660' BASIN DAKOTA		Depth Casing Shoe 7750'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	380'	240 SX					
7-7/8"	5-1/2"	7750'	1085 SX					
	2-3/8"	7634'						
	PACKER	5479'						

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

GAS WELL

Actual Prod. Test - MCF/D 347	Length of Test 24 HOURS	Bbls. Condensate/MMCF 1	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 870	Casing Pressure (Shut-in) ---	Choke Size 17/64"

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.

Signature  
JANEEN PRATOR  
Printed Name  
1/14/93  
Date  
JANEEN PRATOR  
DRILLING CLERK  
Title  
505-326-7600  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 28 1993  
By  
SUPERVISOR DISTRICT 13  
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.

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Arreda, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Artec, NM 87410

## OIL CONSERVATION DIVISION

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

See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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. 184 M	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079360
Location Unit Letter P : 790' Feet From The FSL Line and 1025' Feet From The FEL Line Section 15 Township 27N Range 7W 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"/> MERIDIAN OIL INC.	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"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 1492, EL PASO, TEXAS 79978	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15
	Twp. 27N	Rge. 7W
	Is gas actually connected? NO	When? ASAP

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9/13/92	Date Compl. Ready to Prod. 11/12/92	Total Depth 7750'		P.B.T.D. 7708'				
Elevations (D/F, RKB, RT, GR, etc.) 6616 GR	Name of Producing Formation BLANCO MESAVERDE	Top Oil/Gas Pay 4824'		Tubing Depth 7634'				
Perforations UMV - 4824-4984' LMV - 5778-5430'			Depth Casing Shoe 7750'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	380'		240 SX				
7-7/8"	5-1/2"	7750'		1085 SX				
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	PACKER	5479'						

### 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 that depth of bore for 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

### GAS WELL

Actual Prod. Test - MCF/D 16	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 910	Casing Pressure (Shut-in) -----	Choke Size 14/64"

### 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.

Signature Janeen Prator  
JANEEN PRATOR DRILLING CLERK  
Printed Name  
Date 1/14/93 Title  
505-326-7600 Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 28 1993

By [Signature]  
SUPERVISOR DISTRICT #3  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 4) Separate Form C-101 must be filed for each pool in multiply completed wells.