

STRICTLY
1 Drawer Dr, Azusa, NM 88210

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

STRICTLY
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. 300390654500
Address 3300 N. BUTLER, SUITE 200, FARMINGTON NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Completion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change of operator give same address of previous operator		

DESCRIPTION OF WELL AND LEASE		Well No. 102	Pool Name, including Formation MESA VERDE, <i>Blanco</i>	Kind of Lease State, Federal or Fee	Lease No. SF 079160
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>S</u> Line and <u>990</u> Feet From The <u>W</u> Line Section <u>11</u> Township <u>26N</u> Range <u>07W</u> , <u>NMPM</u> , <u>RIO ARRIBA</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		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 Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MERIDIAN OIL COMPANY	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL	Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, SUITE 200, FARMINGTON NM 87401				
Well produces oil or liquids, give location of tanks.	Unit M	Sec. 11	Trp. 26N	Rge. 07W	Is gas actually connected? NO	When? 4-1-92
this production is commingled with that from any other lease or pool, give commingling order number.						

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. 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 RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 formulated by pump)	
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.	Gas - MCF

RECEIVED
MAR 31 1992
OIL CON. DIV.
DIST. 3

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

VII. 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>Jim Joslin</i>	GENERAL CLERK
Printed Name JIM JOSLIN	Title 505-326-7600
Date 3-17-92	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved MAR 31 1992	
By <i>Brian D. Chang</i>	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.