

STRUCTURE
1. Driller L2, Artesia, NM 88210
STRUCTURE
30 Rio Brazos Rd., Aztec, NM 87410

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, DBA UNOCAL	Well API No.	300390673200
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 type="checkbox"/> Change is Transporter of:		
recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	<input checked="" type="checkbox"/> X
change in Operator	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	<input type="checkbox"/>
change of operator give name & address of previous operator			

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
well Name	RINCON UNIT	57	BASIN DAKOTA		SF 079160
location	Unit Letter <u>A</u> : <u>990</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>E</u> Line				
Section	01	Township	26N	Range	07W, NMPL, RIO ARRIBA
					County

I. 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 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)			
UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL		3300 N. BUTLER, SUITE 200, FARMINGTON NM 87401			
well produces oil or liquids, or location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
	A	01	26N	07W	NO 4-1-92
this production is commingled with that from any other lease or pool, give commingling order number:					

VI. 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

VII. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of lost 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 MAR 31 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV. DIST. 3

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

VIII. 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	JIM JOSLIN GENERAL CLERK
Printed Name	Title
3-17-92	505-326-7600
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	MAR 31 1992
By	<i>[Signature]</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.