STRICT A Areada, NM 84210

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

P.M. Briton Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		<u> </u>					Wall	PI No.			
UNION OIL COMPANY OF CALIFORNIA, DBA UNOCAL 300392506000								0			
dress											
3300 N. BUTLER, SL	JITE 200	O, FAF	RMINGT	ON NM	87401	r (Please explain	ia)				
ason(s) for Filing (Check proper box)		Change is	Transpor	ter of:		t () teme erhan	~~	100	/		
rer Well Change is Transporter of:								6411			
uage is Operator	Casinghead	Ou 🔲	Conden	mue 🔲							
hange of operator give name											
address of previous operator										•	
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Inc.				me lactudia	ine Formation			Kind of Lease		Leese Na	
RINCON UNIT		192 E	3	BASIN DA				State, Pederal or Fee		SF 079160	
KINCON UNII		172 1	J	DIIO II. DI							
Unit LetterD	. 99	0	. Feet Fr	oon Thes	Line	79	<u>0</u> P•	nt From The	W	Line	
UER LIGHT			•	.,		A D.T.	0 ADDIDA			County	
Section 01 Township	26	N	Range	07W	, 10	MPM, RIO	O ARRIBA	L	 .	County	
I. DESIGNATION OF TRANS	מאס דד ו	POFO	II. AN	D NATUE	RAL GAS						
I. DESIGNATION OF TRAIN.		or Conde	o pale		VOCILETE (CIM			copy of this form		w)	
MERIDIAN OIL COMPANY				سما				TON NM 8			
ame of Authorized Transporter of Casing	phead GM		-	Cas 🔼	Address (Giv	e eddress to wi	tick epproved	copy of this for	# # 10 DE JE ETNICTON	የፈ) - እኮለ - 8.7 / በ '	
UNION OIL COMPANY OF		RNIA,	DBA	UNOCAL			SUITE When	200, FARM	IINGION	NH 0/40	
well produces oil or liquids,	Unit	Sec. 01	1 26N	•	Is gas actually connected? When			4-1-92			
this production is commingled with that I			pool, p	ve commune)		ber:					
V. COMPLETION DATA										76:# 5 A	
	~~	Oil Wel	li (Cas Well	New Well	Workover	Deepen	Plug Back S	ame Res'V	Diff Res'y	
Designate Type of Completion	- (A)	al Pardy I			Total Depth	I	L	P.B.T.D.			
Pale Spudded .	Date Com	pi. Kescy	w riou		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
levetions (DF, RKB, RT, GR, stc.)	Name of Producing Formation				Top Oil/Ges Pay			Tubing Depth			
								Depth Caring Shoe			
erforations								Depth Calling	3000	•	
		TIPNIC	CASI	NC AND	CEMENTI	NG RECOR	RD.				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	+										
								 			
					<u> </u>						
	CT FOR	ALL OV	VARIE		<u> </u>			_L			
TEST DATA AND REQUES IL WELL (Test must be after to	nemes qu	ad volum	u of load	, ' oil and must	be equal to o	r exceed top all	lowable for th	u depth or be fo	r full 24 hou	rs.)	
The First New Oil Run To Tank	Date of Te				Producing N	section (Flow, p	wrp, gas lift,	eic)			
								Choke Site			
ength of Test	Tubing Pr	Tubing Pressure			Casing Pressure				MAR 3 1 1992		
	Oil - Bbls.				Water - Bhia			CIL MCF CON. DIV.			
Actual Prod. During Test											
O LO WIEL I									/DIST	ſ . _3	
GAS WELL Acqual Prod. Test - MCF/D	Length of Test				Bbls. Conde	10 HE MMCF		Gravity of Condensate			
	'				,			To all a second			
esting Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-is)				Casing Pressure (Shut-in)			Choke Size			
					- \		<u> </u>				
/I. OPERATOR CERTIFIC	CATE O	F COM	1PLIA	NCE		OIL CO	NSER\	'ATION (DIVISION	NC	
I hereby certify that the rules and regularization have been complied with and	ulations of th	ie Oil Con	nousyth net abo	ve	ll .						
is true and complete to the best of my	y knowledge	and belief). '.		Dat	te Approv	ed .	MAR 3 1	<u> 1992 </u>		
$() \cdot (/ \cdot /$	′ _								A		
- Xon					Ву		7	1) d		,	
Signature JIM JOSLIN		CENE	RAL C	TERK	",		D	J- /	- 8		
Printed Name		GENE	Tiue		Titl	e	SUPE	RVISOR D	ISTRICT	/3	
3-17-92			326-7		' ' '						
Date			Telephoo	E 190.	11						

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.