

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 CO. OF CALIFORNIA	Well API No. 30-039-2518
Address 3300 N. BUTLER, STE. 200, FARMINGTON, NM 87401 (505) 326-7600	
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. 57E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079160
Location Unit Letter <u>O</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1825</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>26N</u> Range <u>7W</u> , 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) PO BOX 4289, FARMINGTON, NM, 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GAS CO. OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) 311 MOORE DR, CARLSBAD, NM, 88220					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>1</u>	Twsp. <u>26N</u>	Rge. <u>7W</u>	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 6-26-92	Date Compl. Ready to Prod. 8/7/92		Total Depth 7390'		P.B.T.D. 7345'			
Elevations (DF, RKB, RT, GR, etc.) 6457 GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7258'		Tubing Depth 7261'			
Perforations 7024-7258' DAKOTA					Depth Casing Shoe 7390'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		359'		240 sx			
7 7/8"	5 1/2"		7390'		1520 sx			
	2 3/8"		7261'					
	PACKER		6580'					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 497	Length of Test 24 hrs.	Bbls. Condensate/MMCF 8	Gravity of Condensate 55°
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 1385	Casing Pressure (Shut-in) N/A	Choke Size 48/64"

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 Malia Villers
Malia Villers Field Clerk
Printed Name
September 2, 1992
Date
(505) 326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved Sept 23 1992

By Barry Chang
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.