

OIL CONSERVATION DIVISION

Instructions on back
Submit to Appropriate District Office
5 Copies

PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL P.O. BOX 850 BLOOMFIELD, NEW MEXICO 87413		OGRID Number 023708
		Reason for Filing Code NW
API Number 30 - 0 39-25502	Pool Name BLANCO MESA VERDE	Pool Code 72319
Property Code 011510	Property Name RINCON UNIT	Well Number 134E

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	12	26N	7W		800'	SOUTH	800'	EAST	039

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	12	26N	7W		800'	SOUTH	800'	EAST	039
Lea Code F	Producing Method Code F	Gas Connection Date ASAP	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
007057	EL PASO NATURAL GAS COMPANY P.O. BOX 4990 FARMINGTON, N.M. 87499	2815907	G	
009018	GIANT REFINING COMPANY 5764 U.S. HIGHWAY 64 FARMINGTON, N.M. 87401	2815906	O	

IV. Produced Water

POD 2815908	POD ULSTR Location and Description
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OIL CON. DIV.

V. Well Completion Data

Spud Date 06/04/95	Ready Date 08/11/95	TD 7354'	PSTD 7308'	Perforations 4983'- 5098'
Hole Size 12 1/4"	Casing & Tubing Size 9 5/8" 36#	Depth Set 366'	Socks Cement 200sxC1"G cmt to surf.	
8 3/4"	7" 23# & 26#	7354'	420sx 50/50poz, 175sx "G",	
			380sx 65/35 poz, 400sx 50/50	
	2 3/8" 4.7#	5130'	poz, 175 sx "G" cmt to surf	

VI. Well Test Data

Date New Oil	Gas Delivery Date ASAP	Test Date 8/18/95	Test Length 24 Hrs.	Tbg. Pressure 200 psi	Csg. Pressure N/A
Choke Size Variable	Oil 40	Water 13	Gas 482 MCF/D	AOF	Test Method Flowing

I hereby certify that the rules 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: *R. L. Caine*

Printed name: R.L. Caine

Title: Production Foreman

Date: Sept. 5, 1995 Phone: (505)632-1811

OIL CONSERVATION DIVISION

Approved by:

37.8
SUPERVISOR DISTRICT #3

Title:

Approval Date:

SEP 15 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED
AMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

request for allowable for a newly drilled or deepened well must be
companied by a tabulation of the deviation tests conducted in
accordance with Rule 111.

sections of this form must be filled out for allowable requests on
new and recompleted wells.

Only sections I, II, III, IV, and the operator certifications for
changes of operator, property name, well number, transporter, or
other such changes.

Separate C-104 must be filed for each pool in a multiple
completion.

Improperly filled out or incomplete forms may be returned to
the District Office unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District Office.

Reason for filling code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the
United States government survey designates a Lot Number
for this location use that number in the "UL or lot no." box.
Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe

The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this
completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which this product
will be transported by this transporter. If this is a new well
recompletion and this POD has no number the district
office will assign a number and write it here.

Product code from the following table:

O	Oil
G	Gas

22. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is moved
from the property. If this is a new well or recompletion and
this POD has no number the district office will assign a
number and write it here.

24. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A Water Tank", "Jones CPD Water
Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing
shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and
bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.

46. The signature, printed name, and title of the person
authorized to make this report, the date this report was
signed, and the telephone number to call for questions
about this report

47. The previous operator's name, the signature, printed name,
and title of the previous operator's representative
authorized to verify that the previous operator no longer
operates this completion, and the date this report was
signed by that person