

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT II
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL	Well API No.	30-039-07001
Address		3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

INSTALLATION OF CENTRAL POINT OF DELIVERY

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	RINCON UNIT	Well No.	29	Pool Name, Including Formation	BLANCO MESA VERDE	Kind of Lease	FEDERAL	Lease No.	
Location						State, Federal or Fee		SF-079365-A	
Unit Letter	A		990'	Feet From The	NORTH	Line and	1030'	Feet From The	EAST
Section	22	Township	27N	Range	6W	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"/>	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 4289, FARMINGTON, NEW MEXICO 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)	3300 N. BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res
Date Spudded	Date Comp. 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 RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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DIST. 3

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

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
Sandra K. Liese
Printed Name
3/15/93
Date
GENERAL CLERK
Title
326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 2 2 1993
By
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filled 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.