

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039-25182
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 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. 129M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location				
Unit Letter P	: 1,035	Feet From The SOUTH	Line and 805 850	Feet From The EAST
Section 29	Township 27N	Range 6W	,NMPM, RIO ARRIBA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized transporter of Oil MERIDIAN OIL INC.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 29
	Twp. 27N	Rge. 6W
	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

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7/29/92	Date Comp. Ready to Prod. 10/2/92	Total Depth 7,754'		P.B.T.D. 7,706'				
Elevations (DF, RKB, RT, GR, etc.) 6,696' GR	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 7,426'		Tubing Depth 7,549'		Depth Casing Shoe 7,754'		
Perforations 7,426' - 7,654' BASIN DAKOTA								

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	385'	240 sx
7 7/8"	5 1/2"	7754'	2058 sx
	2 3/8"	7549'	
	PACKER	5603'	

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, ect.)	
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 290	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55 DEGREES
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 940 PSI	Casing Pressure (Shut-in) ---	Choke Size 17/64"

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 <u>Malia Villers</u>	
Printed Name MALIA VILLERS	Title FIELD CLERK
Date 11/06/92	Telephone No. (505)326-7600

OIL CONSERVATION DIVISION

Date Approved	<u>NOV 23 1992</u>
By	Original Signed by CHARLES GHOLSON
Title	DEPUTY GIL & CASING SUPERVISOR, DIST. 23

INSTRUCTIONS: This form is to be filled in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

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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. 129M	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location				
Unit Letter P	: 1,035	Feet From The SOUTH	Line and 805	Feet From The EAST
Section 29	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) BOX 4289, FARMINGTON, NM 87499	
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If well produces oil or liquids, give location of tanks.	Unit P	Sec. 29
	Twp. 27N	Rge. 6W
	Is gas actually connected?	When?
	NO	ASAP

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'v
		X	X					
Date Spudded 7/29/92	Date Comp. Ready to Prod. 10/2/92		Total Depth 7,754'	P.B.T.D. 7,706'				
Elevations (DF, RKB, RT, GR, etc.) 6,696' GR	Name of Producing Formation BLANCO MESA VERDE		Top Oil/Gas Pay 4,942'	Tubing Depth 7,549'				
Perforations 4,942' - 5,002' UPPER MV		5,174' - 5,558' LOWER MV		Depth Casing Shoe 7,754'				

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	385'	240 SX
7 7/8"	5 1/2"	7,754'	2058 SX
	2 3/8"	7,549'	
	PACKER	5,603'	

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, ect.)	
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 110	Length of Test 18 HRS.	Bbls. Condensate/MMCF 2	Gravity of Condensate 55 DEGREES
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1000 PSI	Casing Pressure (Shut-in) ---	Choke Size 11/64"

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.

Malja Villers

Signature

Printed Name

Date

FIELD CLERK
Title

(505)326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 23 1992**

By **Original Signed by CHARLES GIBLSON**

Title **DEPUTY OIL & GAS INSPECTOR, DIST #7**

INSTRUCTIONS:

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