

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

OIL CONSERVATION DIVISION

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

DISTRICT III  
1000 Rio Brazos Rd., Arlee, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039025183
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		

RECEIVED

JAN 13 1993

OIL CON. DIV.

DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON UNIT	Well No. 130E	Pool Name, Including Formation S. BLANCO TOCITO GALLUP	Kind of Lease State, Federal or Fed	Lease No. E 290-2B
Location Unit Letter J : 2040' Feet From The SOUTH Line and 2060' Feet From The EAST Line Section 32 Township 27N Range 6W NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) BOX 4829, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492 EL PASO TEXAS 79978	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32
	Twp. 27N	Rge. 6W
	Is gas actually connected?	When?
	NO	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/21/92	Date Compl. Ready to Prod. 10/8/92	Total Depth 7625'	P.B.T.D. 7576'					
Elevations (IDF, RKB, RT, GR, etc.) 6627' GR	Name of Producing Formation S. BLANCO TOCITO GALLUP	Top Oil/Gas Pay 6526'	Tubing Depth 6668'					
Perforations 6526-6880' SOUTH BLANCO TOCITO GALLUP			Depth Casing Shoe 7622'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/2"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 457'	SACKS CEMENT 310					
7-7/8"	5-1/2"	7622'	1885					
	2-3/8"	6668'						
	PACKER	6963'						

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 11/21/92 10-8-92	Date of Test 12/4/92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 90 PSI	Casing Pressure ---	Choke Size 48/64"
Actual Prod. During Test	Oil - Bbls. 108	Water - Bbls. 8	Gas - MCF 584

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  
JANEEN PRATOR  
Printed Name  
1/12/93  
Date  
DRILLING CLERK  
505-326-7600  
Title  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 8 1993

By  
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.