

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

Operator UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039-25206
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. 151M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. NM-012209
Location				
Unit Letter O : 1,150 Feet From The South Line and 1,675 Feet From The East Line				
Section 14 Township 27N Range 7W 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					
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) BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 14	Twp. 27N	Rge. 7W	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 8/7/92	Date Comp. Ready to Prod. 11/19/92		Total Depth 7,860'		P.B.T.D. 7,822'			
Elevations (DF, AKB, RT, GR, etc.) 6,704' GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7,498'		Tubing Depth 7,687'			
Perforations 7,498' - 7,724' BASIN DAKOTA					Depth Casing Shoe 7,860'			

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	364'	250 sx
7 7/8"	5 1/2"	7,859'	1,460 sx
	2 3/8"	7,687'	
	PACKER	5,335'	

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 better for 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

GAS WELL

Actual Prod. test - MCF/D 559	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55 DEGREES
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 800 PSI	Casing Pressure (Shut-in) ---	Choke Size 15/64"

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.

Malia Villers
Signature
MALIA VILLERS
Printed Name
11/17/92
Date
FIELD CLERK
Title
(505) 326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Aproved NOV 24 1992
By [Signature]
Title SUPERVISOR DISTRICT #3

- 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.