

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. 30-039-25209
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. 170M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079366
Location				
Unit Letter I	: 1,495	Feet From The South	Line and 935	Feet From The East
Section 20	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 I	Sec. 20
	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 8/16/92	Date Comp. Ready to Prod. 11/19/92	Total Depth 7,772'	P.B.T.D. 7,716'					
Elevations (DF, RKB, RT, OR, etc.) 6,598' GR	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 7,400'	Tubing Depth 7,612'					
Perforations 7,400' - 7,634' BASIN DAKOTA			Depth Casing Shoe 7,765'					

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	370'	240 sx
7 7/8"	5 1/2"	7,765'	1,810 sx
	2 3/8"	7,612'	
	PACKER	5,513'	

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 NOV 13 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. test - MCF/D 480	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55 DEG.
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1260 PSI	Casing Pressure (Shut-in) -----	Choke Size 20/64"

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.		OIL CONSERVATION DIVISION	
Signature Malia Villers		Date Approved NOV 24 1992	
Printed Name MALIA VILLERS		By Original Signed by CHARLES GHOLSON	
Title FIELD CLERK		Title DEPUTY OIL & GAS DIRECTOR DISTRICT II	
Date 11/10/92			
Telephone No. (505)326-7600			

- 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.