

## 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

I. Operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL Well API No. 30-039-25214  
Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401  
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) INSTALLATION OF CENTRAL POINT OF DELIVERY  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒ Condensate ☐  
Recompletion ☐ Change in Operator ☐ Casinghead Gas ☐  
If change of operator give name and address of previous operator \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON UNIT (MV) Well No. 127M Pool Name, Including Formation BLANCO MESA VERDE Kind of Lease FEDERAL Lease No. SF-079364  
Location \_\_\_\_\_  
Unit Letter D 850' Feet From The NORTH Line and 800' Feet From The WEST Line  
Section 28 Township 27N Range 6W NMPM, RIO ARRIBA County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized transporter of Oil ☐ or Condensate ☒ MERIDIAN OIL, INC. 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 ☐ or Dry Gas ☒ UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL 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	Dir Res
Date Spudded	Date Comp. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RTGR, 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

### 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 flow for this depth for full 24 hours.)  
Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, 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.

Sandra K. Liese  
Signature

SANDRA K. LIESE

Printed Name

GENERAL CLERK

Title

3/26/93  
Date

326-7600

Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAR 30 1993

By [Signature]

Title SUPERVISOR DISTRICT II

#### 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.