

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brango Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-1
Revised February 10, 1996
Instructions on back
Submit to Appropriate District Office
3 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL P.O. BOX 850 BLOOMFIELD, NEW MEXICO 87413		OGRID Number 023708
Reason for Filing Code NW		
API Number 30 - 0 39-25406	Pool Name BLANCO MESA VERDE	Pool Code 72319
Property Code 011510	Property Name RINCON UNIT	Well Number #186M

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
L N	33	27N	7W		1670'	SOUTH	1240'	WEST	039

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
N	33	27N	7W		1670'	SOUTH	1240'	WEST	039

Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
F	F	ASAP			

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POB	O/G	POB ULSTN Location and Description
009018	GIANT REFINING COMPANY 5764 U.S. HIGHWAY 64 FARMINGTON, N.M. 87401	28/2492	0	
007057	EL PASO NATURAL GAS COMPANY P.O. BOX 4990 FARMINGTON, N.M. 87499	28/2493	G	

IV. Produced Water

POB	POB ULSTN Location and Description
28/2494	

V. Well Completion Data

Spud Date	Ready Date	TD	FSTD	Perforations
06/10/94	11/26/95	7665'	7604'	5296'-5357'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
12 1/4"	24#	373'	250sx "G" cmt. to surface	
7 7/8"	17# & 15.5#	7654'	250sx "G", 757sx 35/65 poz	
			cmt. to surface.	
	2 3/8" 4.7#	7523'		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
	ASAP	11/14/95	24 Hrs.	200 psi	420 psi
Choke Size	Oil	Water	Gas	AOF	Test Method
Variable	76	25	662 MCF/D		Flowing

I hereby certify that the rules 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: R.L. Caine

Printed name: R.L. Caine

Title: Production Foreman

Date: January 31, 1996

Phone: (505)632-1811

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY ERNIE BUSCH

Title: DEPUTY OIL & GAS INSPECTOR, DIST. #3

Approval Date: FEB 12 1996

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

REPORT. CHECK THE BOX LABELED
ENDED REPORT AT THE TOP OF THIS DOCUMENT

at all gas volumes at 15.025 PSIA at 60°.
at all oil volumes to the nearest whole barrel.

uest for allowable for - -ly drilled or deepened well must be
panied by a tabulation of the deviation tests conducted in
rdance with Rule 111.

ctions of this form must be filled out for allowable requests on
and recompleted wells.

it only sections I, II, III, IV, and the operator certifications for
es of operator, property name, well number, transporter, or
such changes.

erate C-104 must be filled for each pool in a multiple
ation.

erily filled out or incomplete forms may be returned to
ere unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.

Reason for filing code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

is surface location of this completion. NOTE: If the
nited States government survey designates a Lot Number
r this location use that number in the 'UL or lot no.' box.
therwise use the OCD unit letter.

is bottom hole location of this completion

see code from the following table:

Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

producing method code from the following table:

Flowing
Pumping or other artificial lift

DA/YR that this completion was first connected to a
transporter

Permit number from the District approved C-129 for
completion

DA/YR of the C-129 approval for this completion

DA/YR of the expiration of C-129 approval for this
ation

is or oil transporter's OGRID number

and address of the transporter of the product

mber assigned to the POD from which this product
transported by this transporter. If this is a new well
mpletion and this POD has no number the district
will assign a number and write it here.

code from the following table:

Oil
Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPO", etc.)
 23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
 24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPO Water Tank", etc.)
 25. MODA/YR drilling commenced
 26. MODA/YR this completion was ready to produce
 27. Total vertical depth of the well
 28. Plugback vertical depth
 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
 30. Inside diameter of the well bore
 31. Outside diameter of the casing and tubing
 32. Depth of casing and tubing. If a casing liner show top and bottom.
 33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
34. MODA/YR that new oil was first produced
 35. MODA/YR that gas was first produced into a pipeline
 36. MODA/YR that the following test was completed
 37. Length in hours of the test
 38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
 40. Diameter of the choke used in the test
 41. Barrels of oil produced during the test
 42. Barrels of water produced during the test
 43. MCF of gas produced during the test
 44. Gas well calculated absolute open flow in MCF/D
 45. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
 46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
 47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person