

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

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL	Well API No.	30-039-82370
Address	3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing	(Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	INSTALLATION OF CENTRAL POINT OF DELIVERY
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
	<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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
RINCON UNIT	182	BASIN DAKOTA	FEDERAL	SF-079367-A
Location				
Unit Letter	G	1650'	Feet From The	NORTH
Section	26	Township	27N	Range
			6W	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)
MERIDIAN OIL, INC.				P.O. BOX 4289, FARMINGTON, NEW MEXICO 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)
UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL				3300 N. BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
give location of tanks.					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	Diff Res
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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 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
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 (pitot, 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
3/15/93
Date
GENERAL CLERK
Title
326-7600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 22 1993

By *Barry D. Chung*
Title SUPERVISOR DISTRICT #3