### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO. OF 18FH4 04E	41460	
DISTRIBUTE	04	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRAMSPORTER GAS		
OPERATOR		
PRORATION OF	ICE	

### OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-63

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

UNION OIL COMPANY OF	CALIFORNIA			
Address				
	CASPER, WYOMING 82602-			
Reason(s) for filing (Check proper box)		Other (Please	espiain)	
New Well	Change in Transporter of:	İ		
Recompletion		y Ges		
Y Change in Ownership	Casingheet Gas Co	ndensete		
I change of ownership give name EL	PASO NATURAL GAS CO	· BOX 990 - FARN	INGION, NM 8/401	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
I. DESCRIPTION OF WELL AND	LEASE			
Leese Name	Well No. Pool Name, including Fo	rmation	-	edse No.
Rincon Unit	164 Largo-Gallu	ip Gas	State, Federal or Fee E 2	91-25
Location				
Unit Letter L : 1840	Feet From The South Line	and <u>1090</u>	Feet From The West	
Line of Section 2 Towns	ship 26N Range	7W , NMPM,	Rio Arriba	County
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Cil	or Condensate XX		o which approved copy of this form is to be :	ient)
EL PASO NATURAL GAS C		BOX 990 - FARM	INGTON, NM 87401	
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas 📉	1	o which approved copy of this form is to be:	ent)
EL PASO NATURAL GAS C			INGTON, NM 87401	
If well produces oil or liquids,	Jnit Sec. Twp. Rge.	is gas actually connecte	ed? When	
give location of tanks.	L	Yes	l	

If this production is commingled with that from any other lease or pool, give commingling order number:

MAY

1 1986

NOTE: Complete Parts IV and V on reverse side if necessary.

#### VI. 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 is true and complete to the best of

my knowledge and belief.

(Signeswe) DISTRICT PRODUCTION SUPERINTENDENT (Title)

(Date)

OIL CONSERVATION DIVISION

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despense. well, this form must be accompanied by a tabulation of the deviation. tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner. well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

<b>00. OF COPICS SCC</b>	41740	
DISTRIBUTE	OW	
DANTA FE		
FILE		
U.S.G.A.		
LAND OFFICE		
TRAMSPORTER	014	
	GAS	
OPERATOR .		
-	168	

# OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL

PROBATION SPFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NA	ATURAL GAS	
I. Operator	<del></del>			
UNION OIL COMPANY OF	CALIFORNIA			
Address				
P. O. BOX 2620 - C Resear(s) for filing (Check proper box)	ASPER, WYOMING 8260		lease explain)	
New Well	Change in Transporter of:	Omer (P	eese explain,	
Recompletion	oii	Dry Ges		
Change in Ownership	Casinghood Gas	Condensete		
If change of ownership give name EL	PASO NATURAL GAS CO.	- BOX 990 - F	ARMINGTON, NM 87401	
II. DESCRIPTION OF WELL AND L	EASE			
Lease Name	Well No. Pool Name, Including	Formation	Kind of Legse State	Lease No.
Rincon Unit	164 Basin Dako	ta	State, Federal or Fee E	291-35
Location T 19/0	a a Caubb	1000		
Unit Letter L : 1840	Feet From TheSOULNL	ine and	Feet From The West	
Line of Section 02 Townshi	ip 26N Range	. NO.	MPM. Rio Arriba	County
W. Druger, Gov. 61 - 1				
III. DESIGNATION OF TRANSPOR		AL GAS Address (Give addre	ess to which approved copy of this form	is to be sent)
EL PASO NATURAL GAS CO	<del></del>	1	ARMINGTON, NM 87401	
Name of Authorized Transporter of Casingh	need Gas or Dry Gas 👭	Address (Give addre	ess to which approved copy of this form	is to be sent;
EL PASO NATURAL GAS CO			ARMINGTON, NM 87401	***
If well produces oil or liquids, que location of tanks.	L 02 26N 07W	is gas actually con	nected? When	
If this production is commingled with th	nat from any other lease or pool	l, give commingling o	order number:	
NOTE: Complete Parts IV and V on	reverse side if necessary.			
		JI 011	CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPILANCE	<b>.</b>			n.0. 1096-
hereby certify that the rules and regulations of been complied with and that the information gives				9 <u>1986</u>
ny knowledge and belief.	ven is due and complete to the sest o	`   BY	Dranky (4	-
210.	1	TITLE	SUPERVISI	DR DISTAICT # 8
Clary of				
		11	s to be filed in compliance with au request for allowable for a newly di	
(Signature) DISTRICT PRODUCTION SU		well, this form t	must be accompanied by a tabulation he well in accordance with RULE	a of the deviation.
(Title)	week.		s of this form must be filled out com i recompleted wells.	mietely for allow-
(Date)	MAY 1 1986	Fill out on	y Sections I. II. III, and VI for comber, or transporter, or other such chi	hanges of owner.
(5510)	a le un a said	· H		-
	168 - US 00 1000	Separate For completed wells.	,	
	Ma HLI			
	Cir Ciri.	3		
	Chan Com.			
	- · · · · · ·			