STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	11440		
DISTRIBUTION			
DAMTA FE			
FILE			
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
UNION OIL COMPANY OF CALIFORNIA				
Address				
P. O. BOX 2620 - CASPER, WYOMING 82602	-2620			
Reason(s) for filing (Check proper box)	Other (Please explain)			
Now Well Change in Transporter of: Recompletion Oil Di	ry Gas			
	andensete -			
If change of ownership give name EL PASO NATURAL GAS CO.	- BOX 990 - FARMINGTON, NM 87401			
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including F	State			
Rincon Unit 10 Blanco S-	PC State, Federal of Fee E 290-12			
C 990 South	ne and _ 1650Feet From TheEast			
Unit Letter Feet From TheLin	P or From the			
Line of Section 36 Township 27N Range	7W , NMPM, Rio Arriba County			
Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS CO:	BOX 990 - FARMINGTON, NM 87401			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401			
If well produces oil or liquide, que location of tanks. Unit Sec. Twp. Rgs. C 36 27N 7W	Yes Yes			
If this production is commingled with that from any other lease or pool,	give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED TADD A ANDO 19			
been complied with and that the information given is true and complete to the best of	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
my knowledge and belief.	SUPERVISOR DISTRICT # 3			
	TITLE			
	This form is to be filed in compliance with RULE 1104.			
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
DISTRICT PRODUCTION SUPERINTENDENT	tests taken on the well in accordance with RULE !!!.			
(Title)	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.			
(Date).	well name or number, or transporter, or other such change of condition. Senerate Forms C-104 must be filed for each neal in multiply			

CA COL DIV.