

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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

I.

Operator
UNION OIL COMPANY OF CALIFORNIA

Address
P. O. BOX 2620 - CASPER, WYOMING 82602-2620

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON UNIT	Well No. 127	Pool Name, including Formation BLANCO-MESAVERDE	Kind of Lease State, Federal or Fee FED SF	Lease No. 079354
Location				
Unit Letter A : 1190 Feet From The NORTH Line and 890 Feet From The EAST				
Line of 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 990 - FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 990 - FARMINGTON, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
A 28 27N 6W	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

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.

Leop L. Reed

(Signature)

DISTRICT PRODUCTION SUPERINTENDENT

(Title)

(Date)

RECEIVED

APR 09 1986

OIL CON. DIV
DIST. 3

OIL CONSERVATION DIVISION

APPROVED *[Signature]* 1986
BY *[Signature]*
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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.

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ENERGY AND MINERALS DEPARTMENT

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Address
P. O. BOX 2620 - CASPER, WYOMING 82602-2620

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 127	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed SF	Lease No. 079364
Location				
Unit Letter A	1190	Feet From The North	Line and 890	Feet From The East
Line of Section 28	Township 27N	Range 06W	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)
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
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)
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 28 27N 6W	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

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.

Leopold J. Reed

(Signature)

DISTRICT PRODUCTION SUPERINTENDENT

(Title)

(Date)

MAY 1986

REC
APR 09 1986
OIL CONSERVATION DIV.

OIL CONSERVATION DIVISION

APPROVED *Franklin* APR 09 1986
BY
TITLE SUPERVISOR DISTRICT

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