

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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) Other (Please explain)

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

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 <u>Rincon Unit</u>	Well No. <u>99</u>	Pool Name, including Formation <u>Blanco S-PC</u>	Kind of Lease State, Federal or Fee <u>SF</u>	Fed <u>SF</u>	Lease No. <u>079366</u>
Location Unit Letter <u>A</u> <u>1025</u> Feet From The <u>North</u> Line and <u>1025</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>27N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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)				
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 990 - FARMINGTON, NM 87401</u>				
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)				
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 990 - FARMINGTON, NM 87401</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>27</u>	Twp. <u>27N</u>	Rge. <u>6W</u>	Is gas actually connected? <u>Yes</u> When

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.

Leslie S. Reed  
(Signature)

DISTRICT PRODUCTION SUPERINTENDENT

RECEIVED  
(Date)

APR 09 1986

OIL COMPANY  
DISTRICT

OIL CONSERVATION DIVISION

APPROVED APR 09 1986  
BY Franklin J. ...  
SUPERVISOR

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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I.

Operator  
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Address  
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Reason(s) for filing (Check proper box) Other (Please explain)

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

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 <u>RINCON UNIT</u>	Well No. <u>99</u>	Pool Name, including Formation <u>BLANCO-MESAVERDE</u>	Kind of Lease State, Federal or Fee <u>FED. SF</u>	Lease No. <u>079366</u>
Location				
Unit Letter <u>A</u> : <u>1025</u> Feet From The <u>NORTH</u> Line and <u>1025</u> Feet From The <u>EAST</u>				
Line of Section <u>27</u> Township <u>27N</u> Range <u>6W</u> , NMPM, <u>RIO ARRIBA</u> 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)
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 990 - FARMINGTON, NM 87401</u>
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)
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 990 - FARMINGTON, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    when
	<u>A</u> <u>27</u> <u>27N</u> <u>6W</u> <u>YES</u>

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. S. Reed*

(Signature)  
DISTRICT PRODUCTION SUPERINTENDENT

(Title)  
MAY 1 1986  
(Date)

RECEIVED  
APR 19 1986  
OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

APPROVED APR 19 1986  
BY Frank J. Gandy  
TITLE SUPERVISOR DISTRICT 27

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