F∋rm C−104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

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

DISTRICT II 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TO TRANS	PORT OII	LAND	NATURA	∖L GAS				
Operator UNION OIL COMPANY OF CAL	IFORNIA DBA UNOCA	AL			We	II API No. 30-039-06	922	— 	
3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401					50 505 50522				
Reason(s) for Filing (Check proper box)				X Other (Please explain)					
New Well	Change in Transporter of:			INSTALLATION OF CENTRAL POINT OF DELIVERY					
Recompletion Oi Change in Operator	asinghead Gas	Dry Gas Condensate	X						
If change of operator give name	isinghead das	Condensate							
and address of previous operator									
II. DESCRIPTION OF	WELL AND	LEASE							
Lease Name	Well		Including Forr	nation	Kind of Lea	se FEDERAL	,		
RINCON UNIT (MV) Location		00 BLANCO			State, Federal		SF-07936	.ease No. 67 – A	
Unit Letter A	. 0001	Fact Face 71	NO DTU						
	:990'	Feet From Th	e NORTH	Line and	990' Feet From 1	The	EAST	_ L:ne	
Section 26 Township		Range	6W	,NMPM,	RIO ARRIBA		County		
III. DESIGNATION OF	TRANSPO	RTER O	F OIL A	ND NA	ATURAL GA	S			
Name of Authorized transporter of Oil MERIDIAN OIL, INC.		ndensate	X	Address ((Give address to which a	approved copy	of this form is	to be sen	
Name of Authorized Transporter of Casinghead UNION OIL COMPANY OF CALIFORNIA DE	I Gas	or Dry Gas	X	Address	(Give address to which a	approved copy	of this form is	to be sen	
If well produces oil or liquids,	Unit Sec	. Twp.	Rge.	3300 N. BL	JTLER, SUITE 200, FA	RMINGTON, NE	W MEXICO	87401	
give location of tanks.				YES					
If this production is commingled with that from a		give commingling	order number:						
IV. COMPLETION DAT	ΓΑ								
		Oil Well	Gas Well	New Well	Workover Deepen	Plug Back	Same Res'	v Diff Res	
Designated Type of Completion – (X) Date Spudded		1		İ					
Date Spudged	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					_	Denth Casin	Depth Casing Shoe		
							<u> </u>		
	TUBING,	CASING	AND CE	EMENTI	ING RECOR	DS .	A P.		
HOLE SIZE		NG & TUBING S			DEPTH ŞET	T	SACKS CE	MENT	
					100				
						, 1943 -			
V TEST DATA AND D	FOUEST E		N4/4 D:		100 100		.,		
V. TEST DATA AND R	EQUEST F	OH ALL	MARL	E	A 98 -				
OIL WELL (Test must be after re	ecovery of total volume of	ofload oil and mus	t be equal to or	exceed top all	lowabove Ifor this dep	of be for full 24	hours)		
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow: pump. gas, lift, ect.)				
Length of Test	Tubing Pressure			Casing Pressure Choke Size					
Actual Prod. During Test	Oil - Bbls.								
	OII - BDB.			Water Bbl	s.	Gas - MCF			
GAS WELL									
Actual Prod. test - MCF/D	Length of Test			Bbls. Conde	ensate/MMCF	Gravity of Co	ndensate		
Testing Method(pitol, back pr.)	Tubing Pressure (Shu	ut – in)		Casing Proce	sure (Shut-in)				
	,	,		Casing Fles	sale (Stat-iii)	Choke Size	ساد کا مستداری در نگاری ر	- ',	
VI.OPERATOR CERTIF	FICATE OF	COMPL	IANCE	:	÷				
I hereby certify that the rules and regulations	of the Oil Conseguation				CONSERVA	TION	MACH	O IL I	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL (JONGENYA	TION L	וופועונ	JN	
	P -			ļ. 2		1140 0 0	1000		
Sancha X. Dieso					Date Aproved MAR 2 2 1993				
Signature									
SANDRA K. LIESE GENERAL CLERK Printed Name Title				By 3.1) Chung					
3/15/93	326 – 7600			Title	SUPE	RVISOR D	dSTebul	[#3 =	
Date	Telephone No.			- THO _					

INSTRUCTIONS: This form is to be filled in compliance with Rule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C – 104 must be filled for each pool in multiply completed wells.