Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL						Well API No. 30-039-06922					
3300 NORTH BUTLER, SL			MEXICO 8740					30-039-06	1922		
Reason(s) for Filing (Check proper box)						X Other (Please explain)					
lew Well Change in Transporter of:					INSTALLATION OF CENTRAL POINT OF DELIVERY						
Recompletion Oil Dry Gas X											
Change in Operator If change of operator give name	Casinghead Gas	Ц	Condensate			<u> </u>					
and address of previous operator											
II. DESCRIPTION OF	F WELL A	ND L	EASE								
Lease Name RINCON UNIT (PC) Location		Well No. 100	Pool Name, SOUTH B	Including Form LANCO PICTU	ation RED CLIFFS		Kind of Lease State, Federal of		SF-07936	eas:: No.	
Unit Letter A	: 990'	·····	Feet From The	e NORTH	Line and	990'	Feet From Th	ne	EAST	Line	
Section 26 Towns	ship 27N		Range	6W	- ,NMPM,		RIO ARRIBA	·	County	_ 5110	
III DESIGNATION O	E TDANC		TED O						County		
III. DESIGNATION C	_				ND N	ATUR	AL GA	<u>S</u>			
Name of Authorized transporter of Oil MERIDIAN OIL, INC.	sate	X	Address (Give address to which approved copy of this form is to Le sent P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499								
Name of Authorized Transporter of Casingh UNION OIL COMPANY OF CALIFORNIA	nead Gas		or Dry Gas	X	Address	Address (Give address to which approved conv of this form in			of this form is	to te seni	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	3300 N. BUTLER, SUITE 200, FA		<u>ITE 200, FAR</u>	RMINGTON, NEW MEXICO 87401			
give location of tanks. If this production is commingled with that from	m ony other less a				YES						
		pool, give	commingling	order number:	**-	_					
IV. COMPLETION DA	ATA										
			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	/ Diff Res	
Designated Type of Completion - (X) Date Spudded			<u> </u>								
Date Spudged	Date Comp. F	Ready to I	Prod.		Total Depth			P.B.T.D.		-	
Elevations (DF, RKB, RT,GR, etc.)	Name of Produc	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
									ig snoe		
	TUBIN	G, C	ASING A	AND CE	MENT	ING R	ECOR	25			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									GROND CEINE 11		
						 -	 :	 }			
V TEOT DATA AND	5=5										
V. TEST DATA AND	REQUEST	FO	R ALLC	WABL	=	S .					
OIL WELL (Test must be after	er recovery of total volu	ume offoa	ıd oil and must	he equal to or	evened ton a	llaurahain di	tarak (a. a				
OIL WELL (Test must be after recovery of total volume ofload oil and must be equal to or of Date First New Oil Run To Tank Date of Test											
Length of Test	Tubina Baran						(Flow, pump, gas,	mt, ect.)			
	lubing Pressure	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test				Water - Bbls.			Gas - MCF				
GAS WELL											
Actual Prod. test – MCF/D	Length of Test				15						
						Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method(pitol, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI.OPERATOR CERT	IFICATE ()F C	OMPLI	ANCE				<u> </u>			
			OWN L	MICL							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION					
<i>j</i> /	()						2 .		1000		
Sancha X. C	Tiess				Date Aproved MAR 2 2 1993						
Signature						- ₁ • ·	~~ ~		1		
SANDRA K. LIESE Printed Name		GENERAL CLERK				By But Chang					
3/15/93	15/93					Title SUPERVISOR DISTRICT #3					
Date						Title					

INSTRUCTIONS: This form is to be filled in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C – 104 must be filed for each pool in multiply completed wells.