

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

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

Lessee Name Rincon Unit	Well No. 172	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed SF	Lease No. 080385
Location				
Unit Letter B	950	Feet From The South	Line and 1650	Feet From The East
Line of Section 26	Township 27N	Range 07W	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

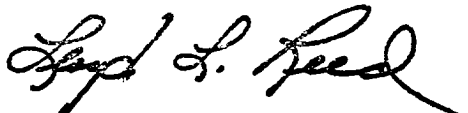
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas <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 B	Sec. 26	Twp. 27N	Rge. 07W	Is gas actually connected? Yes	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.



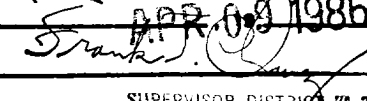
(Signature)

DISTRICT PRODUCTION SUPERINTENDENT

(Title)

RECEIVED
APR 09 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED  APR 09 1986
BY _____
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.