Form C-104 Fevised 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	TO TRANSF	ORT OI	LAND	IATURAL	GAS				
Operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL					Well API No. 30-039-06960				
3300 NORTH BUTLER, SUITE 2	200, FARMINGTON, NE	W MEXICO 8740	01						
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:					X Other (Please explain)				
Recompletion Oil Dry Gas X			X	INSTALLATION OF CENTRAL POINT OF DELIVERY					
Change in Operator Cas	singhead Gas	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF V	VELL AND	LEASE							
Lease Name RINCON UNIT Location	Well N		, Including Form BLANCO PICTI			Lease FEDERAL ieral or Fee	SF-07936	ease No. 6	
Unit Letter M	:1100'	Feet From Th	ne SOUTH	Line and 9	90' Feet Fre	om The	WEST	Line	
Section 22 Township	27N	Range	6W	,NMPM,	RIO AR	RIBA	County	-	
III. DESIGNATION OF	TRANSPOR	RTER O	F OIL A	ND NAT	URAL (BAS			
Name of Authorized transporter of Oil or Condensate MERIDIAN OIL, INC.				Address (Give address to which approved copy of this form is to be sent P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499					
Name of Authorized Transporter of Casinghead UNION OIL COMPANY OF CALIFORNIA DB/		or Dry Gas	X	Address (Give	address to wh	ich approved copy FARMINGTON, N	of this form is	to be sent 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually co		When?		27 101	
If this production is commingled with that from ar	ny other lease or pool, g	ive commingling	order number:	163		<u> </u>			
IV. COMPLETION DAT	Ά							-	
Designated Type of Completion (X)		Oil Well	Gas Well	N₃w Well Wo	rkover Deep	en Plug Baci	k Same Res'v	/ Diff Res	
Date Spudded	Date Comp. Ready	o Prod.		Total Depth		P.B.T.D.		1	
Elevations (DF, RKB, RT,GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing De	Tubing Depth		
Perforations	<u>, I </u>					Depth Cas	ing Shoe		
	TUBING, (CASING	AND C	EMENTIN	G RECO	DRDS			
HOLE SIZE	· · · · · · · · · · · · · · · · · · ·	G & TUBING S			TH SET		SACKS CE	MENT	
				1		199 3			
				118	- VES	b O			
V TEOT DATA AND D	-011507 54			$\overline{}$ μ	MIL	ON'S			
V. TEST DATA AND REOUTE OIL WELL (Test must be after re-					Oir	Courses.			
Date First New Oil Run To Tank	Date of Test	fload oil and mus	st be equal to or				4 hours.)		
				Producing Metho		mp, gas, lift, ect.)	·		
Length of Test	Tubing Pressure			Casing Pressure	,	Choke Size)		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas - MC	F		
GAS WELL						<u> </u>			
Actual Prod. lest - MCF/D	Length of Test			Bols. Condensat	e/MMCF	Gravity of 0	Condensate		
Testing Method(pitol, back pr.)	Tubing Pressure (Shu	t-in)		Casing Pressure	(Shut-in)	Choke Size	=		
VI.OPERATOR CERTIF	ICATE OF	COMPL	IANCE				इसिन्दुसुर्गा अस्तुरसूरकः वहर्गातः ८५०	·	
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					
Sanda H. Siese					Date Aproved MAR 2 2 1993				
SANDRA K. LIESE	GENERAL CLERK			By	7	w d			
Printed Name 3/15/93	Title			Title	SHP	EBNISOD DI	OT DIO	# *	
Date	326-7600 Telephone No.			Title		ERVISOR DI	STHICT	#3	
									

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, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.