State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ICT III io Brizos Rd., Aziec, NM 87410

VICT II VEWER DD, Artonia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Union Oil Company	v of Cali	forni	a db	a Unoca	j		30-	.039 <u>.0706</u>	6		
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for Filing (Check proper box)					Other	(Please explain	")				
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of operator give name											
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SCRIPTION OF WELL	AND LEAS	ND LEASE Well No. Pool Name, Including			e Formation Kip			of Lesse No.			
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Rincon Unit		32	L	Blanco	2						
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Unit Letter H	<u> : </u>		, Foot Fr	roen The _N	orth_ Lim	450					
16	27N		Range	6W	. NO	(PML	Ric	Arriba		County	
Section Townshi	P		Kange								
ESIGNATION OF TRAN	SPORTER	OF O	IL AN	D NATUI	RAL GAS						
Authorized Transporter of Oil		or Conden	Salt O		Address (GIW	eddress to wh	ich approved	copy of this for	m is so be sen	4)	
Meridian Oil Com	اللا				P.O.	Box 4289	<u>, Farmir</u>	igton, Ne	w Mexico	87499 - 87499	
Authorized Transporter of Casin El Paso Natural (ghead Gas		or Dry	Gas X	Address (Gim	ROY 1000	ic h approved Farmir	copy of this for igton, Ne	m <i>is to be sen</i> w Mayica	ע) ס 87499	
El Paso Natural (as Compa	iny			<u> </u>				W MEXICO	0/433	
produces oil or liquids,	1	Sec	Twp.	• •	le gas accually	connected?	When	7			
wos of tasks		16	127	6	<u>Yes</u>						
oduction is commungled with that	from any other	r lease or	pool, g	ine coulding	ing order sumi	xer				<u></u>	
OMPLETION DATA		.,	,_		1			Plug Back S	ame Res'V	Diff Res'y	
- 10	~~	Oil Mel	11	Cas Well	New Well	Workover	Despea	Flug Dack	HAIR NO V		
ignate Type of Completion		<u></u>			Total Depth	L	L	P.B.T.D.			
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•		. 4 5			Top Oil/Cas	Pay		Tubing Depth			
ons (DF, RKB, RT, GR, stc.)	Name of Ph	ame of Producing Formation									
Light					<u> </u>			Depth Casing	Shoe		
DOM:											
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HOLE SIZE		SING & T				DEPTH SET		S.	ACKS CEM	ENT	
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of Test	Tubing Pre	TUR.			Carlos 1	7 'B Y B					
					Water -	<u> </u>		MCF			
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WELL						OD JIC	N. DI	Carrier at	onder min		
Prod. Test - MCF/D	Leagth of	Test			Bbls. Cood	DIS	T. 3'	Gravity of C			
					 	•		Choke Size			
g Method (pilot, back pr.)	Tubing Pr	etenu (2)	hut-us)		CALING PTO	aure (Shut-ia)					
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OPERATOR CERTIF	CATE OF	F COM	APLI/	ANCE	- 11		NICER\	/ATION	DIVISIO	NC	
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001y 13, 1990		220	Telepho	ne No.						•/	

INSTRUCTIONS: This form is to be filed 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.