State of New Mexico Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		10.	JITT OIL	71110 11	ATURA						
Operator UNION OIL COMPANY O	F CALIFORNIA DBA UI	NOCAL					Well Al	PINo. 10-039-20	689		
Address 3300 NORTH BUTLER, 5	SUITE 200, FARMINGTO	ON, NEW I	MEXICO 87401								
Reason(s) for Filing (Check proper	box)				X Other	(Please expi	ain)				
					INSTALLATION OF CENTRAL POINT OF DELIVERY						
Recompletion Change in Operator	Oil Casinghead Gas	=	Dry Gas Condensate	X							
change of operator give name	Casing read Gas			<u></u>							
and address of previous operator											
II. DESCRIPTION C	OF WELL A	ND L	EASE								
Lease Name	· ·	Well No.	Pool Name,	Including Form	nation		Kind of Lease State, Federal or I		SF-0793	Lease No.	
RINCON UNIT Location		196	SOUTH BL	LANCO PICTU	THEO CLIFFS	-	State, redeal of	-66	1 01 075	<u> </u>	
Unit Letter K	:1650'		Feet From The	SOUTH	_Line and	1650'	Feet From The		WEST	Line	
Section 26 Tov	wnship 27N		Range	6W	,NMPM,		RIO ARRIBA		County		
U DECIGNATION	OF TRANS	D O D	TED 01		NID NI	ATUD	AL CAC				
III. DESIGNATION		• • • • • • • • • • • • • • • • • • • •							. 6 46 12 62 222		
Name of Authorized transporter of Oil MERIDIAN OIL, INC.		or Conder	nsate	X			ess to which app RMINGTON, N			is to de sent	
Name of Authorized Transporter of Casi			or Dry Gas	X	Address	(Give addre	ess to which app ITE 200, FARM	oroved copy	of this form	is to be sent	
UNION OIL COMPANY OF CALIFORN If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actu	ally connect		When?		<u> </u>	
give location of tanks. If this production is commingled with that	t from any other large or	nool ohe	o commingling	order number	YES		 -	<u> </u>	-		
if this production is commingled with that	t from any other lease or	r pooi, give	a comminging	order number.							
IV. COMPLETION	DATA										
			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bac	k Same Re	s'v Ciff Res	
Designated Type of Completion -	<u> </u>	Poodu to	Prod	-	Total Depti	<u> </u>		P.B.T.D.	1		
Date Spudded Date Comp. Ready to Prod.											
Elevations (DF, RKB, RT,GR, etc.) Name of Producing Formation					Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth		
Perforations						.		Degth Opt	ing Shoe		
	TUDIA	10 0	ACINIC	ANDO)ECOPE	18	/ · · · · · · · · · · · · · · · · · · ·		
1		V(-i ()	$\Delta \sim 11/11 \sim$	AND C		11/2/17 F		1.5			
							RECORE	, , , , ,			
HOLE SIZE			& TUBING S			DEPTH S		<u></u>	SACKS	CEMENT	
HOLE SIZE								, , , , ,	SACKS	CEMENT	
HOLE SIZE								, , , , ,	SACKS	CEMENT	
		CASING	& TUBING S	SIZE				, , , , ,	SACKS	CEMENT	
V. TEST DATA AN	D REQUES	CASING	R ALL	OWABL	E	DEPTH S	E			CEMENT	
V. TEST DATA AN OIL WELL (Test must be	D REQUES	CASING	R ALL	OWABL	E or exceed top	DEPTH S	ET	r be for full.		CEMENT	
V. TEST DATA AN	D REQUES	CASING	R ALL	OWABL	E	DEPTH S	E	r be for full.		CEMENT	
V. TEST DATA AN OIL WELL (Test must be	D REQUES	T FO	R ALL	OWABL	E or exceed top	DEPTH S	ET	r be for full.	24 hours.)	CEMENT	
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank	D REQUES e after recovery of total v	T FO	R ALL	OWABL	Producing	allowabove Method	ET	r be for full	24 hours.)	CEMENT	
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test	D REQUES e after recovery of total v Date of Test Tubing Press	T FO	R ALL	OWABL	Producing Casing Pr	allowabove Method	ET	or be for full a lift, ect.)	24 hours.)	CEMENT	
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	D REQUES e after recovery of total v Date of Test Tubing Press Oil – Bbls.	T FO	R ALL	OWABL	Producing Casing Pr	allowabove Method essure	Ifor this depth o	choke Siz	24 hours.)		
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test	D REQUES e after recovery of total v Date of Test Tubing Press	T FO	R ALL	OWABL	Producing Casing Pr	allowabove Method	Ifor this depth o	choke Siz	24 hours.)		
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	D REQUES e after recovery of total v Date of Test Tubing Press Oil – Bbls.	CASING T FO	OR ALLO	OWABL	Producing Casing Pro Water — E	allowabove Method essure	Ifor this depth of (Flow, pump, gas	choke Siz	24 hours.) Te CF Condensate		
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. test— MCF/D Testing Method(pitol, back pr.)	D REQUES e after recovery of total v Date of Test Tubing Press Oil – Bbls. Length of Test Tubing Press	CASING T FO	OR ALL(OWABL st be equal to d	Producing Casing Pro Water — E Bbls. Con Casing Pr	allowabove) Method essure Bbls.	Ifor this depth of (Flow, pump, gas	Choke Siz	24 hours.) Te CF Condensate		
V. TEST DATA AN OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. test MCF/D	D REQUES e after recovery of total v Date of Test Tubing Press Oil – Bbls. Length of Test Tubing Press	CASING T FO	OR ALL(OWABL st be equal to d	Producing Casing Pro Water — E Bbls. Con Casing Pr	allowabove) Method essure Bbls.	ifor this depth of (Flow, pump, gas ACF	Choke Size	24 hours.) Te CF Condensate		
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<sup>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.</sup>