Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL	Well API No.: 30-039-22227
Address: 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box)	[X] Other (Please explain): INSTALLATION OF CENTRAL POINT OF DELIVERY
New Well [ ]	Change in Transporter of:
Recompletion [ ]	Oil [ ] Dry Gas [X]
Change in Operator [ ]	Casinghead Gas [ ] Condensate [ ]
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
RINCON UNIT	82A	BLANCO MESA VERDE	FEDERAL (State, Federal or Fee)	SF-079365-A

Location

Unit Letter C : 835' Feet From The NORTH Line and 1780' Feet From The WEST Line

Section 22 23 Township 27N Range 6W NMPM, RIO ARRIBA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized transporter of Oil [ ] or Condensate [X]: 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 Gas [ ] or Dry Gas [X]: UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL	Address (Give address to which approved copy of this form is to be sent): 3300 N. BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res

Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

RECEIVED
MAR 22 1993

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume ofload oil and must be equal to or exceed top allowabove lfor this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas, lift, ect.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature: Sandra K. Liese

SANDRA K. LIESE	GENERAL CLERK
Printed Name	Title
3/15/93	326-7600
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Aproved: MAR 22 1993

By: Bruce A. Chavez

Title: SUPERVISOR DISTRICT #3

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.