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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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
1(WO Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039-25057								
Address										
3300 N. BUTLER, SUITE 200, FARMINGTON Reason(s) for Filing (Check proper box)	Other (Please explain)									
New Well	Change in 1	[renenorter	of:							
Recompletion Oil	Change iii		Dry Gas	П						
· <u>=</u>	inghead Gas		Condensate				•			
If change of operator give name and address of previous operator				,						
II. DESCRIPTION OF	WELL A	AND I	LEASE							
Lease Name Well No.				Including Forma						
RINCON UNIT Location	INCON UNIT 158M			BLANCO MES	A VERDE	State, Federal or J	ee			
Unit Letter 3	: 1,535	•	Feet From The	South	Line and 1,480	Feet From The	East	Line		
Section 22 Township			Range	6W	,NMPM,	RIO AP		county		
					··			odiny		
III. DESIGNATION OF	TRANS	SPOF	RTERO	F OIL A	ND NATUR	AL GA	<u>S</u>			
ame 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) BOX 4289, FARMINGTON, NM 87499					
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO.			or Dry Gas	X	Address (Give addre BOX 1492, EL PASO		proved copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When?			
give location of tanks. If this production is commingled with that from a	J any other lease	or pool on	e comminating	6W		NO	Α	SAP		
it ins production is comminged with that nome	any other lease	or poor, giv	ve comminging	order Harrisor.						
IV. COMPLETION DAT	ΓΑ									
			Oil Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v Diff Res'v		
Designated Type of Completion – (X)	Prod	X	Total Doubh	1	P.B.T.D.					
Date Spudded 8/8/92	<u> </u>	Date Comp. Ready to Prod. 10/19/92			Total Depth 7,630'		7,582'			
Elevations (DF, RKB, RT, GR, etc.) 6,426' GR	Name of Producing Formation BLANCO MESA VERDE				Top Oil/Gas Pay 4,758'		Tubing Depth 7,495'			
Perforations 4,758' - 4,858' UPPER MV,	4,952' - 5,320						Depth Casing			
4,736 - 4,030 OFFEN MV,				AND CE	MENTING R	ECORD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
HOLE SIZE	T		& TUBING SI		DEPTH SE			ACKS CEMENT		
12 1/4"	8 5/8" 5 1/2"				357'		240 sx 1,310 sx			
7 7/8"					7,624' 7,495'		1,310 8X			
		PACK			5,340'					
V. TEST DATA AND R OIL WELL (Test must be after r					exceed top allowabove	lfor this depth o	D) E	SEIVE		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas, lift, ect.) NOV1 8 1992									
Length of Test	Tubing Pressure				Casing Pressure		Choke Size			
Actual Prod. During Test	Oil – Bbls.	Oil - Bbls.			Water - Bbls.		Gas CM. CON. DIV			
GAS WELL	<u></u>							DIST 9		
Actual Prod. test – MCF/D)F	Gravity of Condensate			
198		24 HRS.			-0- Casing Pressure (Shut-in)		55 DEGREES Choke Size			
Testing Method(pitol, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 480 PSI						18/64"			
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					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Aproved NOV 1 8 1992					
Signature Signature										
MALIA VILLERS	FIELD CLERK			By Birt, Chang						
Printed Name	Title (505)326 – 7600				Title SUPERVISOR DISTRICT #3					
Date	Telephone No									

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.

Submit Supies Apprepriate District Office
UISTRICT 1
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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

I.	TO TRANSPO	ORT OIL	AND NA	ATUR/	AL GAS						
Operator UNION OIL COMPANY OF CALIFORNIA	Well API No. 30-039-25057										
Address 3300 N. BUTLER, SUITE 200, FARMINGTON	NM 87401										
Reason(s) for Filing (Check proper box)	, 14IM 07401			Other	(Please expl	ain)					
New Well X	Change in Transporte	er of:									
Recompletion Oil		Dry Gas									
	inghead 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 Forma		- 1	Kind of Lease		Ĺ	ease No.		
RINCON UNIT Location	158M		BASIN DAKOTA	4		State, Federal or	Fee				
Unit Letter J	: 1535	Feet From The	e South	Line and	1480	Feet From The	East		Line		
		Range		NMPM,		RIO AI		County	_		
Section 22 Township								County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized transporter of Oil MERIDIAN OIL INC.	or Conde	. Sale		Address (Give address to which approved copy of this form is to be sent) BOX 4289, FARMINGTON, NM 87499							
Name of Authorized Transporter of Casinghead EL PASO NATURAL GAS CO.	e of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	is gas actually connected?			When?				
give location of tanks. If this production is commingled with that from a	J 22	27N	order number:			NO		ASAP			
It this production is comminged with that nome	any other loads or poor, g	ivo commingum	g Gradi Mambon								
IV. COMPLETION DAT	ΓΑ										
Designated Type of Completion – (X)		Oil Well	Gas Well X	New Weil X	Workover	Deepen	Plug Back	Same Res'	v Diff Res'v		
Date Spudded		Date Comp. Ready to Prod.			Total Depth			75001			
8/8/92 Elevations (DF, RKB, RT, GR, etc.)		10/19/82 Name of Producing Formation			7,630' Top Oil/Gas Pay			7582' Tubing Depth			
6,426' GR Perforations	BASIN DAKOTA				7,300'			7,495' Depth Casing Shoe			
7,300' - 7,530' BASIN DAKOT.	Α							7,630'			
	TUBING, C	CASING	AND CE	MENT	ING R	ECORE	S				
HOLE SIZE		& TUBING S	IZE	DEPTH SET			SACKS CEMENT				
12 1/4" 7 7/8"	8 5/8" 5 1/2"		357' 7,624'		240 sx 1,310 sx		···-				
		2 3/8"		7,495'							
V TECT DATA AND D		ACKER	OWARI		5,340'						
V. TEST DATA AND R	EQUEST FO	JN ALL	OWADL	_		1000	SER	新月期			
OIL WELL (Test must be after r	ecovery of total volume o	fload oil and mu	ist be equal to or	exceed top	allowabove	for this depth	o be for have	4-hours.)			
Date First New Oil Run To Tank	Date of Test			Producing	Method	(Flow, pump, res	(1, ect.)	- 3 100	2		
Length of Test	Tubing Pressure			Casing Pre	essure		Choke Gild	<u>r e 188</u>	4		
Actual Prod. During Test	Oil - Bbls.			Water - 8	bis.		OFF NOT	ON.	DIA		
GAS WELL							0	IST. 3			
Actual Prod. test - MCF/D	Length of Test			Bbls. Cond	densate/MMC	F	Gravity of Co				
234 Testing Method(pitol, back pr.)	24 HRS. Tubing Pressure (Shut-in)			-0- Casing Pressure (Shut-in)			55 DEGREES Choke Size 24/64"				
VI.OPERATOR CERTI	FICATE OF		IANCE				12	4/64"			
VI.OPERATOR CERTI	FIGATE OF	COM	LIMITOL								
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the is true and complete to the best of my knowledge.		e									
E true and complete to the oest of my knowledge and other.							NOV 1	8 1992			
Malia Villers Signature					Date Aproved NOV 1 8 1992						
MALIA VILLERS	FIELD CLERK			By Bin) Chang							
Printed Name	Title			1		SUPF	RVISOR	DISTE	OT 40		
11/17/92	(505)326-7600			Title				DISTAR	UI #3		
Oate	Telephone No.			<u> </u>							

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