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

<u>l.</u>	TO TRANSP	ORT OIL	L AND N	IATURA	AL GA	S				
Operator UNION OIL COMPANY OF CA	Well API No. 30-039-25057									
Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401										
Reason(s) for Filing (Check proper box)					X Other (Please explain)					
New Well Recompletion	Change in Transporter of: Oil Dry Gas X			INSTALLATION OF CENTRAL POINT OF DELIVERY						
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator		= <u></u>				······································				
II. DESCRIPTION OF	WELL AND I	LEASE								
Lease Name RINCON UNIT (MV) Location	Well No	Pool Name,	, Including Form MESA VER			Kind of Leas State, Federal		SF-07936	Lease No. 66	
Unit Letter J	: 1535'	Foot Coom Th	- 0011711							
Section 22 Townshi			e SOUTH		1480'	Feet From T		EAST	_ Line	
		Range	6W	,NMPM,		RIO ARRIBA		County		
III. DESIGNATION OF	FTRANSPOR	RTER O	F OIL A	ND NA	TUR	AL GA	S			
MERIDIAN OIL, INC.	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 P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499					
Name of Authorized Transporter of Casinghea UNION OIL COMPANY OF CALIFORNIA D	ne of Authorized Transporter of Casinghead Gas INION OIL COMPANY OF CALIFORNIA DBA UN OCAL			Address (Give address to which approved copy 3300 N. BUTLER, SUITE 200, FARMINGTON, N				of this form is	s to be sent	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected?		When?				
If this production is commingled with that from	any other lease or pool, giv	e commingling	order number:	YES			<u> </u>			
IV. COMPLETION DA		5 3								
IV. COMPLETION DA	IA	031141-11	- C- W #							
Designated Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	v Diff Res	
Date Spudded	Late Comp. Ready to	Prod.	<u>'</u>	Total Depth		1	P.B.T.D.	1	<u> </u>	
Elevations (DF, RKB, RT,GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
								ng snoe		
	TUBING, C	ASING.	AND CE	MENT	NG R	ECOP	23///			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
			······································	<u></u>	R M	100	3			
				10		-0 5 10g	1			
V. TEST DATA AND P	REQUEST FO	DALLO	NA/A DI I		4119 6	Ra	20			
					•					
	recovery of total volume offc	oad oil and must	be equal to or	exceed top all	owabove If	or this depth o	or be for full 24	hours.)		
Date First New Oil Run To Tank	Date of Test	Date of Test			lethod	(Flow, pump. ga	s, lift, ect.)	lift, ect.)		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas - MCF		
GAS WELL										
Actual Prod. test – MCF/D	Length of Test			Bbls Conde	neato/MMC		10			
Testing Method(pitol, back pr.)		Tubing Pressure (Shut-in)			Bbls. Condensate/MMCF			Gravity of Condensate		
		•		Casing Pres	sure (Shut-	-in)	Choke Size	فتمسدهس تكسوينه	Harry .	
VI.OPERATOR CERTI	FICATE OF (COMPL	IANCE				· · · · · · · · · · · · · · · · · · ·			
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					
Sandra V. Liese					Date Aproved MAR 2 2 1993					
SANDRA K. LIESE	GENERAL CLERK			Ву		3	1) E	Dans	/	
Printed Name	Title			∤				NET DIO		
3/15/93	326-7600			Title		JUFE	RVISOR	ו פור HIC	#3	
Date	Telephone No.									

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.

5 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 filled for each pool in multiply completed wells.