Submit 5 Copies
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 1000 Rio Brazos Rd., Aztec, NM 87410

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TO TRANSF	PORT OII	L AND N	NATURAL	_ GAS		
Operator UNION OIL COMPANY OF CA	ALIFORNIA DBA UNOCA	L			W	ell API No. 30-039-06951	
Address 3300 NORTH BUTLER, SUIT	TE 200, FARMINGTON, N	EW MEXICO 874	01			30-039-00931	
Reason(s) for Filing (Check proper box)				X Other (Please explain)			
New Well	Change in Transporter of:			INSTALLATION OF CENTRAL POINT OF DELIVERY			
Recompletion Oil Change in Operator Casinghead Gas		Dry Gas	· =				
If change of operator give name	Casing lead Gas	Condensate					
and address of previous operator							
II. DESCRIPTION OF	WELL AND	LEASE					
Lease Name	Well N		, Including Forn	nation	Kind of Le	ase FEDERAL Lease No.	
RINCON UNIT (DK) Location	158	BM BASIN	DAKOTA		State, Federa	20000113.	
Unit Letter J	: 1535'	Feet From Th	ne SOUTH	Line and	1480' Feet From	The EAST Line	
Section 22 Townsh		Range	6W				
				,NMPM,	RIO ARRIE		
III. DESIGNATION OF	F TRANSPO	RTER O	F OIL A	ND NA	FURAL GA	AS	
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	Address (Give address to which approved copy of		approved copy of this form is to be sen	
UNION OIL COMPANY OF CALIFORNIA [If well produces oil or liquids,	DBA UNDCAL / EL PASO I Unit Sec.	NATURAL GAS C Twp.	O. Rge.	3300 N. BUTLER, SUITE 200, FMGTN., N		N.,N.M. 87401/P.O. BOX 4990,FMGTN When? N.M. 87499	
give location of tanks.		İ	i	YES		Te.m. 07433	
If this production is commingled with that from	any other lease or pool, g	live commingling	order number:				
IV. COMPLETION DA	ATA						
		Oil Well	Gas Well	New Well W	Vorkover Deepen	Plug Back Same Res'v Diff Res	
Designated Type of Completion – (X) Date Spudded	- I - 5						
·	udded Date Comp. Ready to			Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT,GR, etc.)	ormation	nation		ay	Tubing Depth		
Perforations				Depth Casing Shoe		Depth Casing Shoe	
	TUDING	040010	4415.05				
	TUBING, (EMENTIN	GREODE	3 9 8/	
HOLE SIZE	CASIN	ASING & TUBING SIZE		D DEATHER		SACKS CEMENT	
				MAR 2 2 1993			
						11	
V. TEST DATA AND F	REQUEST FO	OR ALL	WARI		CAL U	<u> </u>	
					715T 3		
	(Certification (Colored) of total volume choad on and must be equal to or				exceed top allowabove Ifor this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Date of Test			hod (Flow, pump, g	gas, lift, ect.)	
Length of Test	Tub ng Pressure	Tub ng Pressure			ге	Choke Size	
Actual Prod. During Test	Oil Bbls.	Oil Bbls.				Gas - MCF	
GAS WELL							
	- II	- ···					
Actual Prod. test - MCF/D	Length of Test	Length of Test			ate/MMCF	Gravity of Condensate	
Testing Method(pitol, back pr.)	Tubing Pressure (Shut-in)			Casing Pressur	re (Shut-in)	Choke Size	
VI.OPERATOR CERTI	FICATE OF	COMPL	IANCE				
······································		OOMII L	IANUL		_		
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 knowl	ledge and belief.						
La De Sans				MAR 2 2 1993			
Signature Tr. Siesl				Date Aproved			
SANDRA K. LIESE	GENERAL CLERK	GENERAL CLERK			By Bins Chang		
Printed Name	Title			† - , −			
Data 2 /15 /22	326-7600			Title	SUPEH	VISOR DISTRICT #3	
Date 3/15/93	Telephone No.			Н			

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 filed for each pool in multiply completed wells.