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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

1.	TO TRANSPO	ORT OIL	AND N	ATUR.	AL GAS	S				
UNION OIL COMPANY OF CA	LIFORNIA DBA UNOCAL					Well	API No. 30-039-25	5057		
Address 3300 NORTH BUTLER, SUIT		MEXICO 8740	1							
Reason(s) for Filing (Check proper box)					X Other (Please explain)					
New Well Recompletion	Change in Transporter of: Dry Gas			Split connect noting location meter or lateral CDP.						
	Casinghead Gas	Dry Gas Condensate	H							
if change of operator give name and address of previous operator			=							
II. DESCRIPTION OF	WELL AND L	EASE								
Lease Name RINCON UNIT	Well No. 158M	Pool Name, BLANCO	Including Forma			Kind of Leas		T	Lease No.	
Location	1300	BLANCO	MESA VENU	<u> </u>		State, Federal o	r Fee			
Unit Letter J	: <u>1535'</u>	Feet From The	SOUTH	Line and	1480'	Feet From TI	n€	EAST	Line	
Section 22 Township	p 27N	Range	6W	NMPM,		RIO ARRIBA		County		
III. DESIGNATION OF	TRANSPOR	TER OF	OIL A	ND N	ATUR	AL GA	S			
Name of Authorized transporter of Oil MERIDIAN OIL, INC.	25536/0	nsate	X	Address P.O. BOX	(Give addres	ss to which ap	proved copy	of this form	n is to be sent	
Name of Authorized Transporter of Casinghea UNION OIL COMPANY OF CALIFORNIA DE	d Gas	or Dry Gas	X-212A	Address	(Give addres	ss to which at	proved copy	of this form	n is to be sent	
If well produces oil or liquids,	Unit Sec.	Twp	553630 11 Rge 21	Is gas actu	TLER SUITE	200, FMTN.	N.M. 8740 When?	1/P.O. BOX FMGTON	., N.M. 8749	
give location of tanks. If this production is commingled with that from	O 19	127N	R6W 1	NO			<u> </u>			
IV. COMPLETION DA	سسد داست	53650	order number.	D40	2-9	909				
Designated Type of Completion – (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Re	es'v Diff Res	
Date Spudded	Date Comp. Ready to	1	Total Depth			P.B.T.D.		1		
Elevations (DF, RKB, RT,GR, etc.)	Name of Producing Forr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
	TUBING, C	ASING A	AND CE				DS.	a se m	3	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SID & VSACKS CEMENT					
						U			<u>"</u>	
						AM-	Y 2 6 19	93		
V. TEST DATA AND R	EQUEST FO	R ALLC	WABLE			Oll	CON.	DIV.		
OIL WELL (Test must be after)	recovery of total volume oflo.	ad oil and must	he equal to or e	vceed ton a	llowabovo He	e den ele cide e	DIST3	i		
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas, lift, ect.)						
Length of Test	Tuhing Pressure	Tubing Pressure								
Actual Prod. During Test								Choke Size		
Actual Flod. During Test	OII - BDIS.	Oil – Bbls.			Water - Bbls.			Gas - MCF		
GAS WELL							·			
Actual Prod. test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method(pitol. back pr.)	Tubing Pressure (Shut-	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI.OPERATOR CERTI	FICATE OF C	OMPLI	ANCE							
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						
Marcha K. Lies				Date Aproved MAY 2 5 1993						
SANDRA K. LIESE	GENERAL CLERK			By Buil) Chang						
Printed Name	Title			-		SUPERVI	<u> </u>	TRICT	1.0	
5/25/93	326-7600			Title			oun DIS	HICI	13	
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.

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

OIL CONSERVATION DIVISION

Date Aproved

By

Title

MAY 2 6 1993

SUPERVISOR DISTRICT #3

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION ١. TO TRANSPORT OIL AND NATURAL GAS Well API No. UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL 30-039-25057 Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401 Reason(s) for Filing (Check proper box) X Other (Please explain) Change in Transporter of: Split connect noting location meter or lateral CDP. Recompletion Oil Dry Gas = 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 Pool Name, Including Formation BASIN DAKOTA Well No. 158M Kind of Lease FEE Lease No. RINCON UNIT Unit Letter Feet From The SOUTH Line and ___1480' Feet From The Township 27N ,NMPM, Range 6W III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized transporter of Oil 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 or Condensate X Name of Authorized Transporter of Casinghead Gas

UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL/EL PASO NATURAL GAS CO.

If well produces oil or tiquids,

Unit Sec. Two. Address (Give address to which approved copy of this form is to be sent 3300 N. BUTLER SUITE 200, FMTN., N.M. 87401/P.O. BOX 4999, Is gas actually connected?

When? FMGTON., N.M. 8749 X Rge give location of tanks. 19 Ó R6W Yes If this production is commingled with that from any other lease or pool, give commingling order no IV. COMPLETION DATA Oil Well New Well Workover Deepen Plug Back Same Res'v Diff Res Designated Type of Completion - (X) Date Spudded Date Comp. Ready to Prod. Total Depth P.B.T.D (DF. RKB, RT,GR. etc.) Elevations Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe HOLE SIZE SACKS CEMENT MAY 2 6 1993 OIL CON. DIV. V. TEST DATA AND REQUEST FOR ALLOWABLE DIST. 3 (Test must be after recovery of total volume ofload oil and must be equal to or ceed top allowabove Ifor 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 Actual Prod. During Test Oil - Bbls. Water - Rhk Gas - MCF **GAS WELL** Actual Prod. test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method(pitol. back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

INSTRUCTIONS:

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

JAN 1

SANDRA K. LIESE

Printed Name

5/25/93

Date

: This form is to be filled in compliance with Rule 1104 able for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance STRUCTIONS:
Request for allowable for newly drilled or deepened well must be accompleted wells.

Restricted this form must be filled out for allowable on new and recompleted wells.

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 filed for each pool in multiply completed wells.

VI.OPERATOR CERTIFICATE OF COMPLIANCE

GENERAL CLERK

Title

Telephone No