

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

Operator UNION OIL CO. OF CALIFORNIA	Well API No. 30-039-25062
Address 3300 N. BUTLER, SUITE 200, FARMINGTON, NM, 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON UNIT	Well No. 167M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079298-D
Location Unit Letter C : 1154 Feet From The North Line and 1850 Feet From The West Line Section 13 Township 27N Range 7W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	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, give location of tanks.	Unit C	Sec. 13	Twp. 27N	Rge. 7W	Is gas actually connected? NO	When? ASAP

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 6-8-92	Date Compl. Ready to Prod. 8-30-92	Total Depth 7869'		P.B.T.D. 7824'				
Elevations (DF, RKB, RT, GR, etc.) 6737' GR	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 7566'		Tubing Depth 7710'				
Perforations 7566-7782' BASIN DAKOTA				Depth Casing Shoe 7869'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	364'		240				
7 7/8"	5 1/2"	7869'		190				
	2 3/8"	7710'		470				
	PACKER	5782'		110				

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth of well)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size SEP 28 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 524	Length of Test 24 hrs.	Bbls. Condensate/MMCF 4	Gravity of Condensate 55 Deg.
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-in) 1385	Casing Pressure (Shut-in) N/A	Choke Size 48/64"

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

Malia Villers  
Signature  
Malia Villers  
Printed Name  
9-15-92  
Date  
Field Clerk  
(505) 326-7600  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 29 1992

By ORIGINAL SIGNED BY ERNIE BUSCH  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed 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.