#### 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 DIVISON**

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

1-0

	EST FOR ALLOV								
•	TO TRANSPORT	Well API No.							
Operator UNION OIL COMPANY OF CALIFORNIA				3	0-039-2518	32			
Address 3300 N. Butler, Suite 200, Farmington	I, NM 87401		Other (0)	ase explain)					
Reason(s) for Filing (Check proper box)			Other (Pre	ase explain)					
New Well Recompletion Oil	Change in Transporter of:  Dry Ga	s 🗆							
Ecomplesion	nghead Gas Conde	=							
change of operator give name nd address of previous operator									
I. DESCRIPTION OF \	WELL AND LEA	SF							
Lease Name	Well No. Poo	Name, Including Formation	on	Kind of Lease		Lease No. \$F - 079364			
RINCON UNIT	129M	BASIN DAKOTA		State, Federal or F	ce	SF-0/3304			
Unit Letter P	: 1,035 _ Feet F	rom The SOUTH Li	ne and $\mathcal{S}$	950 Feet From The	EAST	Line			
Section 29 Township	27N Range	, Wa	ІМРМ,	RIO ARR	IBA	County			
	TDANCDODTE	D OF OIL AR	AD NA	TURAL GAS	2				
III. DESIGNATION OF						of this form is to be sent)			
MERIDIAN OIL INC.	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 EL PASO NATURAL GAS CO.		as or Dry Gas X				oved copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Tw	p. Rge. I	s gas actually NO		When?	ASAP			
give location of tanks.  I this production is commingled with that from a	, , , , , ,								
IV. COMPLETION DA		<i>F</i>							
IV. CONTILL HOW DA	(X ) )	Dil Well Gas Well I	New Well W	/orkover Deepen	Plug Back	Same Res'v Diff Res'v			
Designated Type of Completion - (X)	į _	x	x	<u> </u>					
Date Spudded 7/29/92	Date Comp. Ready to Prod. 10/2/92		Total Depth 7,7	′54 <b>′</b>	P.B.T.D.	7,706'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation BASIN DAKOTA	ž.	Top Oil/Gas Pa	ay 126'	Tubing Dep	th 7,549'			
Perforations					Depth Casing Shoe 7,754'				
7,426' - 7,654' BASIN DAKOT	TUBING, CAS	ING AND CE	MENTIN	IG RECORE	)S				
	CASING & TU			EPTH SET	T	SACKS CEMENT			
HOLE SIZE	8 5/8		3	85'		240 sx			
7 7/8"	5 1/2 2 3/8			<u>54'                                    </u>	<del> </del>	2058 sx			
	PACKE	R	56	03'	İ				
V. TEST DATA AND F	REQUEST FOR	ALLOWABLI	E						
OIL WELL (Test must be after	recovery of total volume ofload o	oil and must be equal to or	exceed top all	lowabove Ifor this depth	or be for full a	24 hours.)			
Date First New Oil Run To Tank	Date of Test		Producing Me						
Length of Test	Tubing Pressure		Casing Press	ure	Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls		Gas - MC				
GAS WELL					1				
Actual Prod. test – MCF/D	Length of Test		Bbls. Conder	sate/MMCF		Condensate			
290	24 HRS. Tubing Pressure (Shut-in)			0- ure (Shut-in)	Choke Size	DEGREES			
Testing Method(pitol, back pr.) BACK PRESSURE	940 PSI	240114105	_		<u> </u>	17/64"			
VI.OPERATOR CERT	IFICATE OF CO	<b>JMPLIANCE</b>				5046:6::			
I hereby certify that the rules and regulation Division have been complied with and that is true and complete to the best of my know	the information given above		OIL (	CONSERVA		**			
Malia Viller Signature	Date Aproved NOV 2.3 199								
MALIA VILLERS	FIELD CLERK		Ву	Original Signed b	y CHARLES	OHOLSON			
Printed Name	Title		Tial	DEPUTY OIL & O	ra nastan	JB, 355 JB			
11/06/92	(505)326~7600		Title	DEPOSIT OF G O					
Date	Telephone No.		1						

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

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

UNION OIL COMPANY OF	CALIFORNIA						1	API NO. 30-039-251	82
Address	O FARMINGTON	NM 97401						00 000 201	
3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401  Reason(s) for Filing (Check proper box)						Other (Please explain)			
New Well X		Change in T	ransporter	of:			·		
Recompletion	Oil	Change iii i		Dry Gas					
Change in Operator		nghead Gas	$\equiv$	Condensate	Ħ				
change of operator give name									
and address of previous opera	tor								
II. DESCRIPTI	ON OF V	NELL A	ND I	EASE					
Lease Name			Well No.	Pool Name,	Including Form	ation	Kind of Lease		Lea <b>se N</b> c.
RINCON UNIT Location			129M	BLANCO	MESA VERDE		State, Federal or	Fee	SF-079364
Unit Letter	Р	1,035		Feet From The	SOUTH	Line and 805	_ Feet From The	EAST	Line
Section 29	Township	27N		Range	6W	,NMPM,	RIO ARRIBA		County
II. DESIGNAT	ION OF	TRANS	SPOR	ITER O	FOIL A	AND NATUF	ral ga	S	
Name of Authorized transporte MERIDIAN OIL INC.	er of Oil		or Conden	sate	X	Address (Give addre BOX 4289, FARMIN	ess to which ap	proved copy of 7499	f this form is to be sent)
	ne of Authorized Transporter of Casinghead Gas			or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS Of well produces oil or liquids,	, <u>o</u> .	Unit	Sec.	Twp.	Rge.	BOX 1492, EL PAS Is gas actually connec		When?	
give location of tanks.		j p	29	27N	6W	J	NO	!	ASAP
this production is commingle	d with that from a	ny other lease o	or pool, giv	e commingling	order number:				
V COMPLET	ON DAT	- 🗚							
V. COMPLET	ION DAI	Α							
Designated Type of Comp	oletion - (X)			Oil Well	Gas Well X	New Well Workover	Deepen	Plug Back	Same Res'v Diff Res'v
Date Spudded	Siedon – (X)	Date Comp.	Ready to F	Prod.	^	Total Depth		P.B.T.D.	
7/29/92	00	1	0/2/92			7,754'		7,706	
Elevations (DF, RKB, RT, 6,696' GR	GH, etc.)	Name of Prod BLANC	DCING FORM O MESA VI			Top Oil/Gas Pay 4,942		Tubing Depti 7,549'	1
Perforations	N LIDDED ANY							Depth Casing	] Shoe
4,942' - 5,002	OPPER MV	5,174' - 5,5						7,754	
		TUBIN	IG, C	ASING /	AND CE	MENTING F	RECORE	S	
HOLE SIZE			CASING	& TUBING SI	ZE	DEPTH S	ET		SACKS CEMENT
12 1/4" 7 7/8"				5/8" 1/2"		385' 7,754'			240 SX
			2	3/8"		7,754			2058 SX
/ TEAT DATA				KER		5,603'			
V. TEST DATA	AND RI	EQUES	I FO	R ALL	<b>JWABL</b>	.E			
OIL WELL (Te	-4								
			voiume offi	oad oil and mus	st be equal to o	r exceed top allowabove			hours.)
Date First New Oil Run To Tar	PK	Date of Test		Producing Method (Flow, pump, gas,		lift, ect.)			
Length of Test		Tubing Pressu	ubing Pressure Casing Pres		Casing Pressure	Pressure Chol			
Actual Prod. During Test		Oil - Bbls.				Water - Bbls.	-	Gas - MCF	
GAS WELL									
		r						•	
Actual Prod. test MCF/D 110		Length of Test	18 HRS	 i.		Bbls. Condensate/MM	CF	Gravity of Co	ndensate 55 DEGREES
Testing Method(pitol, back pr.)	· · · · · · · · · · · · · · · · · · ·	Tubing Pressu	re (Shut-i	n)		Casing Pressure (Shut	–in)	Choke Size	
BACK PRESSURE	ACDTI	LOATE	1000 P		LANIOT			L	11/64"
VI.OPERATOF	CERTIF	TICATE	OF (	COMPL	IANCE				
I hereby certify that the rul	ee and regulations	of the Oil Cons	mation			OIL CON	SFRVA	TION F	NOISIVIC
Division have been complice	-					OIL COIL	OLITAN	IIOI L	NISIOIN
is true and complete to the									
•						<b>.</b>		OV 9 9	1002
Malia Villers					Date Apro	ved _N	OV 23	) 1004.	
Signature									
MALIA VILLERS					By Original	signed by C	MAKLES Git	CLOUR	
Printed Name		Title				T:			
11/06/92	· · · · · ·	(505)326-7600				Title <u>deputy of a gas inspector, dist</u> #7			
Date		Telephone No.				11			

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