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 I-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DIST RICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS	ION
CALTFORNIA	Well A

1.		TO TRA	ANSF	PORTO	LANDN	ATURAL G	AC				
Operator				<u> </u>	C/1110 11/	TOTAL		API No.			
UNION OIL COMPANY (OF CALIFOR							-039-25200			
3300 N. BUTLER, SUI	TE 200, I	FARMING	TON,	NM	87401				-		
Reason(s) for Filing (Check proper be New Well	ox)				O	hes (Please exp	lain)				
New Well <u>x</u> Recompletion	A11	Change in	-								
Change in Operator	Oil Casin also		Dry G								
If change of operator give name	Casinghea	id Cas	Conde	nsate							
and address of previous operator	•							······································			
II. DESCRIPTION OF WEI	L AND LE		r								
RINCON UNIT		Well No. 1 E			ing Formation			of Lease Federal or Fe	SF-0	Lease Na. 79364	
Location				ANCO ME	SA VERDE	<u>. </u>	State	receial or re	e 31-07		
Unit Letter G	. 1615	<u> </u>	Feet F	rom The No	ORTH Li	ne and1830) F	et From The	EAST	Line	
Section 30 Town	nship 27N		Range	_7W (/ :: .N	MPM. RI	O ARRIE				
III. DESIGNATION OF TRA	ANSPORTE	P OF OI	LAN	III NIATTI				<u> </u>		County	
The or Montainsed Transporter of Or		or Condens	sale		Address (Gir	ve address 10 w	hich approve	copy of this f	orm is to be s		
	ACTION OIL INC. The of Authorized Transporter of Casinghead Gas or E. PASC NAT. GAS CO. Ill produces oil or liquids, ocation of tanks. Production is commingled with that from any other lease or pool, COMPLETION DATA The esignate Type of Completion - (X) Spudded Ocation (DF, RKB, RT, GR, etc.) Total Compl. Ready to Productions (DF, RKB, RT, GR, etc.) Total Compl. Ready to Productions (DF, RKB, RT, GR, etc.) Total Completion of Producing Formations BLANCO MESA VERDE TUBING, CAS HOLE SIZE CASING & TUBING				BOX 428	9, FARMIN	IGTON, N	M 874	499		
	ACTION OF TRANSPORTER OF OIL AND NATURAL GAS are Transporter of Oil or Condensate or Dry Gas or Dry Gas (Give BOX 1492) NOIL INC. Zed Transporter of Casinghead Gas or Dry Gas (X) Address (Give BOX 1492) NAT. GAS CO. In oil or liquids, or Dry Gas (X) Address (Give BOX 1492) It is commingled with that from any other lease or pool, give commingling order number of Completion - (X) Date Compl. Ready to Prod. 9-27-92 7707 Name of Producing Formation RAT. GR, etc.) Name of Producing Formation BLANCO MESA VERDE TUBING, CASING AND CEMENTING AND CEMENT A			e address to wh	ich approved	copy of this fo	orm is to be s	eni)			
If well produces oil or liquids.	BOX 1492, EL PASO, TX 79978										
give location of tanks. G 30 27N 7W NO					When	•	,				
f this production is commingled with the	nat from any other	er lease or p			ing order num	ber:		ASAI			
v. COMPLETION DATA							· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completic	on - (X)	Oil Well	10			Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to I	Prod.		I			P.B.T.D.		_1	
7-22-92)7 '		7659'			
	Name of Pro	Name of Producing Formation				Pay		Tubing Depth			
Perforations BLANCO MESA VERDE					482	5' 4831	1 '	7578'			
4834-5142' BLANCO M	ESA VERDE							Depth Casing			
· · · · · · · · · · · · · · · · · · ·		IRING (AIZ AF	JC AND	CEMENTI	IC PECONI		77	<u>07'</u>		
HOLE SIZE	CAS	ING & TUE	SING S	IZE		DEPTH SET	<u>) </u>				
						68'		SACKS CEMENT			
7 7/8"							15/	250 SX 1700 SX			
		2 3/8"				78'	<i></i>	1700 SX			
. TEST DATA AND REQUI	EST FOR A	CKER	DE E		51	74'					
OIL WELL (Test must be after	tecovery of total	d volume of	uur. Imaa	il and must	ha aa						
OHL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	i voimie oj	1000	u ana musi i	Producing Me	exceed top allow thod (Flow, pun	wable for this	depth or be for	r full 24 how	rs.)	
					Troubeing ivic	ulou (Flow, plan	rtp, gas iyi, ei	10)		3	
ength of Test	Tubing Press	aure .			Casing Pressu	re		Size			
ctual Prod. During Test									OT 0 2 19	2	
Troo. During Test	Oil - Bbls.]	Water - Bbia.			Gas- MCF		- -	
AS WELL				l				OIL	CON.) n	
ctual Prod. Test - MCF/D	Length of Te	st		_r	DLG Cartin				DIST. 5		
457		24 HRS	_		Bbls. Condens			Gravity of Co			
sting Method (pitot, back pr.)	Tubing Press				Casing Pressur			55° Choke Size			
BACK PRESSURE		970			•			48/64"			
I. OPERATOR CERTIFIC	CATE OF (COMPL	IAN	CE							
I hereby certify that the rules and regu	ulations of the Oi	il Conservat	ion		C	IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with and is true and complete to the best of my	d that the inform	ation given	above	ļ						•	
Complete to the oral of fity	knowledge and	ocuel.			Date.	Approved		OCT 1	5 1992		
Signature Vi	lers	· · · · · · · · · · · · · · · · · · ·			D.		3		1	/	
MALIA VILLERS Printed Name	FIEL	CLER	Κ		Ву				Thomp		
9/30/92 Date	(5	า -05) 326	ille -760	0 -	Title_		SUPE	RVISOR	DISTRICT	T #3	
Date		Telepho									
		4.00			1						

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
- 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

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

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SF-079364

County

State, Federal or Fee

RIO ARRIBA

DISTRICE II P.O. Drawer D'D, Anesia, NM 88210

RINCON UNIT

Unit Letter

Section 30

Location

OIL CONSERVATION DIVISION

1 E

Range

<u>. 1615</u>

Township 27N

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DIST RICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION 1. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. UNION OIL COMPANY OF CALIFORNIA 30-039-25200 Address 3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401 Reason(s) for Filing (Check proper box) Other (Please explain) New Well X Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease

BASIN DAKOTA

χW

III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil MERIDIAN OIL INC.		or Condo	an ente	x	Address (Give address to which approved copy of this form is to be sent)					
			•		BOX 4289, FARMINGTON, NM 87499					
Name of Authorized Transporter of C EL PASO NAT. GAS CO			or Diy C	Gas X		pproved copy of this form is to be sent)				
If well purduces oil or liquids, give location of tanks.	Unit G	Sec. 30	Twp.		ls gas actually connected?	When 7				

Feet From The NORTH Line and 1830

NMPM,

Designate Type of Completio	on - (X)	Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Sjaidded 7–22–92		. Ready to Proc 7-92	i.	Total Depth	l	L	P.B.T.D.	 559'	.l	
Elevations (DF, RKB, RT, GR, etc.) 6606 GR		ducing Format	ion	Top Oil/Gas 7	ay	50'	Tubing Depth 7578'			
Perforations 7350-7380' BASIN DA		•		<u> </u>	<u> </u>	50	Depth Casin		 .	
	T	JBING, CA	SING AND	CEMENTI	NG RECOR	D	1	07		
HOLE SIZE		ING & TUBIN			DEPTH SET	<u> </u>	SACKS CEMENT			
12 1/4"		8 5/8"			68'		250 SX			
		5 1/2"		7.7	07 77	IDS'	1700 SX			
7 7/8"										
7 7/8"		2 3/8"		_ 75	78 †		1			

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 or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lyl, etc.) Length of Test **Tubing Pressure** Casing Pressure Actual Prod. During Test Oil . Bhle Water - Bbla

GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 24 HRS. -0-55° Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size BACK PRESSURE 970

48/64" VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

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.

OCT 1 5 1992 Date Approved $\Pi\Pi$ Jers 10 るシムン Signature MALIA VILLERS By_ FIELD CLERK SUPERVISOR DISTRICT #3 Printed Name: Title Title. 9/30/52 Dale (505) 326-7600 Telephone No.

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-10H must be filed for each root in multiple.