

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer 3D, 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 COMPANY OF CALIFORNIA		Well API No. 30-039-25200
Address 3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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. 1E	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location Unit Letter G : 1615 Feet From The NORTH Line and 1830 Feet From The EAST Line Section 30 Township 27N Range 7W NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL INC.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 EL PASC NAT. GAS CO.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 G	Sec. 30
	Twp. 27N	Rge. 7W
	Is gas actually connected?	When?
	NO	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 7-22-92	Date Compl. Ready to Prod. 9-27-92	Total Depth 7707'	P.B.T.D. 7659'					
Elevations (DF, RKB, RT, GR, etc.) 6606' 3R	Name of Producing Formation BLANCO MESA VERDE	Top Oil/Gas Pay 4825' 4834'	Tubing Depth 7578'					
Perforations 4834-5142' BLANCO MESA VERDE			Depth Casing Shoe 7707'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 368'	SACKS CEMENT 250 SX					
7 7/8"	5 1/2"	7707' 7705'	1700 SX					
	2 3/8"	7578'						
	PACKER	5174'						

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 or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			OIL CON. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 457	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 970	Casing Pressure (Shut-in) -----	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.

Signature Malia Villers  
MALIA VILLERS FIELD CLERK  
Printed Name Title  
9/30/92 (505) 326-7600  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 15 1992

By Brian D. Chang  
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed 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 filed for each pool in multiply completed wells.

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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. 1E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location Unit Letter G : 1615 Feet From The NORTH Line and 1830 Feet From The EAST Line Section 30 Township 27N Range 1W, NMMP, 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 NAT. 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 G	Sec. 30	Twp. 27N	Rge. 7W	Is gas actually connected? NO	When? ASAP

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

IV. COMPLETION DATA

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Elevations (DF, RKB, RT, GR, etc.) 6606' GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7476' 7350'		Tubing Depth 7578'			
Perforations 7350-7380' BASIN DAKOTA			Depth Casing Shoe 7707'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
2 1/4"	8 5/8"		368'		250 SX			
7 7/8"	5 1/2"		7707' 7705'		1700 SX			
	2 3/8"		7578'					
	PACKER		5174'					

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 or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 748	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 970	Casing Pressure (Shut-in) -----	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.

Signature  
MALIA VILLERS  
Printed Name: MALIA VILLERS  
Date: 9/30/92  
Title  
FIELD CLERK  
(505) 326-7600  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 15 1992

By [Signature]  
Title SUPERVISOR DISTRICT #3

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