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Separatriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C.104

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

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 TO TRANSPORT OIL AND NATURAL GAS

	Revised 1-1-89
: کا این	See Instructions at Bottom of Page

Ojecator	Djecator							Well API No.					
UNION OIL COMPANY OF		30-039-25214											
Address				·····									
3300 N. BUTLER, SUITI	E 200,	FARMING	TON, NM	87401									
Reason(s) for Filing (Check proper box)				Out	es (Please explo	zin)							
New Well X		Change in	Transporter of:		•				-				
Recompletion [Oil		Dry Gas										
Change in Operator	Casinghe	ad Gas	Condensate										
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name	711.10 21.		Pool Name, Includ	ing Formation		Kind	of Lease	ease No.					
RINCON UNIT		127-M		-			Federal or Fee	79364					
Location	·		BEIII100 I	IDDII VEIC				1 51 0	79304				
Unit LetterD	:85	0	Feet From The	NORTH Lin	e and800) Fe	et From The	WEST	line				
Section 28 Townsh	ip 27N		Range 6W	N	MPM,	RIO	ARRIBA		County				
III. DESIGNATION OF TRAI	ודממיופע	ER OF O	I AND NATI	DAL CAS									
Name of Authorized Transporter of Oil	TOI OILI	or Conden			e address to wh	ich approved	copy of this form	ie to be u	·n()				
MERIDIAN OIL INC.	الم			1	289, FARM			7499	,4,				
Name of Authorized Transporter of Casir		<i>-</i> 2	or Dev Gre [V]										
EL PASO NATURAL GAS (-	554	or Dry Gas 💢	I .			copy of this form		nı j				
If well produces oil or liquids,	1 Unit	·			492, EL		TX 799	/8					
give location of tanks.	I D	Sec. 28		is gas actual	•	When							
				<u> </u>	NO	A	SAP						
If this production is consumingled with that IV. COMPLETION DATA	i irom any oc	her lease of p	9 Sive comming	ling order burn	ber:								
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v				
Date Spudded	Date Com	pl. Ready to	Prod.	Total Depth		L	P.B.T.D.		_1				
9/2/92	1	/9/92		1	7751			,					
Elevations (I)F, RKB, RT, GR, etc.)		Producing Fo	mution	Top Oil/Gas	775'			7730'					
6656' GR	1	NCO MES.		·			Tubing Depth						
Perforations	T BLA	NCO MES.	A VERDE	4884			7656' Depth Casing Shoe						
4884-4930' UPPER MV,	5224	76 1 T	OUED MI				•						
4884-4930 UPPER MV,	5224		OWER MV	CEMENT	NC DECOD		7774	'					
LOCATOR			CASING AND	CEMENTI		<u> </u>	I state of the sta						
HOLE SIZE	<i>UF</i>	ISING & TU	BING SIZE	DEPTH SET			SACKS CEMENT						
<u>12 1/4"</u> 7 7/8"		8 5/8"		380'			240 SX						
/ //6	-	5 1/2"			774'		1785 SX						
		2 3/8"		7656'									
Caree Signalin Sprin		PACKER		5	252 '		ــــــــــــــــــــــــــــــــــــــ						
V. TEST DATA AND REQUE			•										
OIL WELL (Test must be after Date First New Oil Run To Tank			of load oil and mus					full 24 hou	rs.)				
Date Parst New Oil Run To Tank	Date of T	est		Producing M	ethod (Flow, pu	mp, gas lýi, i							
1				<u> </u>			177	- 143	<u> </u>				
Length of Test	Tubing Pr			Casing Pressure			UECI 1 992						
Actual Frod. During Test	tual Frod. During Test Oil - Bbls.			Water - Bbis	•		OIL CONDIV						
GAS WELL							t	IST 3					
Actual Prod. Test - MCF/D	Length of	Test		Bble Conde	I SELECTION OF THE PROPERTY OF		Gravity of Con						
88			25	1	-0-		1	CC1 SELE					
Testing Method (pitot, back pr.)	Tubino P	24 HRS. Tubing Pressure (Shut-in)			ure (Shut-in)		55° Choke Size						
• • •							48/64"						
BACK PRESSURE		620 PSI					1 40/04						
VI. OPERATOR CERTIFIC						ISEDV	ATION D	1///01/	M				
I hereby certify that the rules and regu				1		NOLITY.							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							3.0	1842					
- 200 and an order of the	www.ge	Jenes.		Date	Approve	d	OT. W. W.S.	1(/3/4	·				
- Malia Sa	rour	<u> </u>		D.,	Original	Signad by	CHARLES GH	กเรตะ					
Signature MALIA SOWER FIELD CLERK				By_									
Printed Name12/08/92		505/326	Title -7600	Title	YTU430 	UIL & GA	INSPECTOR,	D (5) ∂					
Date			phone No.										
						بخود							

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.

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 liottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Canta Fe New Mexico

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 8741	^	U	ame	11c, 11cw 1	riexico 87.	004-2088					
	REQ	UEST F	OF	RALLOWA	BLE AND	AUTHOR	RIZATION				
l. Operator	 _	TOTR	ANS	SPORT O	L AND N	ATURAL (GAS				
								API No.		 -	
UNION OIL COMPANY O	OF CALIFORNIA				······································			30-039-2	5214		
3300 N. BUTLER, SUI	TE 200.	FARMIN	IGTO	ON NM	87401						
Reason(s) for Filing (Check proper box)			JII 1111		her (Please ex	plain)				
New Well X				nsporter of:			, ,				
Recompletion [_]	Oil		•	y Gas							
Change in Operator I change of operator give natite	Casinghe	ad Gas	J Co	ndensate		·					
nd address of previous operator											
I. DESCRIPTION OF WELI	L AND LE	ASE									
Lease Name PINCON UNIT		Well No.	Poc	oi Name, Includ				of Lease Lease No.			
RINCON UNIT		127-M	L.	BASIN D	AKOTA		State	te, Federal or Fee SF-079364			
D	. 850			22	OD TO		_				
Unit LetterD	:		_ Fee	t From The $\frac{N}{2}$	ORTH Li	ne and800	<u>0</u> F	eet From The	WEST	Lin	
Section 28 Towns	hip 27N		Rat	nge 6W	. N	IMPM.		RIO ARRII	RΔ	County	
II DECIGNATION OF The	Nonce	n						mill	211	COUNTY	
II. DESIGNATION OF TRA	MSPORTE	or Conde	IL A		RAL GAS	ua addass :-	akish -				
MERIDIAN OIL INC.		or couse.		X				copy of this fo		eni)	
lame of Authorized Transporter of Casi			or I	Ory Gas [X]	Address (Gi	4289, FA	vhich approve	N , NM I copy of this fo	87499	entl	
EL PASO NATURAL GAS					BOX 1	492, EI	L PASO.	TX 799	978	,	
well produces oil or liquids, ve location of tanks.	Unit	Sec.	Tw	p. Rge.		ly connected?	When		,,,,		
	D	28	27			NO	i	ASAI	2		
this production is commingled with that. COMPLETION DATA	it from any oth	er lease or	pool,	give comming	ling order num	ber:					
. COM DETION DATA		Oil Well		Gas Well	1-11-11-11	· · · · · · · · · · · · · · · · · · ·		·, —————,		-	
Designate Type of Completion	1 - (X)	Jon wen	i	X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Comp	N. Ready to	Proc		Total Depth	J		P.B.T.D.		<u> </u>	
9/2/92	10/9/					75 '		7730'			
levations (DF, RKB, RT, GR, etc.)	E)	Name of Producing Formation				Pay		Tubing Depth			
HURLONS	6656' GR BASIN DAKOTA					24'		7656'			
	BASIN DA	ሊጥል						Depth Casing			
			CA	SING AND	CEMENT	NC PECOE	<u> </u>	7	7774'	·	
HOLE SIZE		SING & TL			CEMENTI	DEPTH SET		SACKS CEMENT			
12 1/4"	-	8 5/8		G OIZE		380'					
7 7/8"		5 1/2				7774 '		240 SX			
	2 3/8"				7656'			1785 SX			
		PACKER				5252'					
TEST DATA AND REQUE					<u> </u>			-l			
LWELL (Test must be after	recovery of to	tal volume	of loc	d oil and must	be equal to or	exceed top all	owable for this	depth or be for	r full 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Tea	d			Producing Me	ethod (Flow, p	ury, gas lýt, e	(c.)			
ngth of Test	Tubina D		<u>_</u>		Commen					, 1399	
	Tubing Pressure				Casing Pressure			Choke Size	EC11	3 92	
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			-OF F	335	
								OIL COP DIV			
AS WELL					t				DIS		
tual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	sate/MMCF		Gravity of Condensate			
366	24 HRS			-0-			55°				
ting Method (pitot, back pr.)	1				Casing Pressure (Shut-in)			Choke Size			
BACK PRESSURE		5 PSI						16	/64"		
I. OPERATOR CERTIFIC	CATE OF	COMP	LIA	NCE							
I hereby certify that the rules and regu	lations of the (Oil Conserv	/ation	•	(DIL CON	ISERV	ATION D	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				11	- •						
				Date	Approve	d l	EC 28	1992			
0001					Dail	whhinaa	<u>u</u>	 	:00 <u>L</u>		
Signature SOL)es	_,			D.,	Origina	al Sianod L	CHARLES G	ROLLOW		
MALIA SOWER		i FIELD	CIT	אקי	By_	- Tigate		CHARLES O	1105300		
Printed Name		LILLU	CLI.			הבמודע ה	H P CAC II	Jeografine in	ICT 42		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

12/08/92

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

DEPUTY OIL & GAS INSPECTOR, DIST. #P

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

<u>505/326-7600</u>

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.