

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL P.O. BOX 850 BLOOMFIELD, NEW MEXICO 87410		OGRID Number 023708
		Reason for Filing Code NW
API Number 30 - 0 39-25434	Pool Name BASIN DAKOTA	Pool Code 71599
Property Code 011510	Property Name RINCON UNIT	Well Number #178E

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
J	23	27N	7W		1450'	SOUTH	1450'	EAST	039

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	23	27N	7W		1450'	SOUTH	1450'	EAST	039
Lee Code F	Producing Method Code F	Gas Connection Date ASAP	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
007057	EL PASO NATURAL GAS COMPANY P.O. BOX 4990 FARMINGTON, N.M. 87499	2815264	G	
009018	GIANT REFINING COMPANY 5764 U.S. HIGHWAY 64 FARMINGTON, N.M. 87499	2815263	O	

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IV. Produced Water

POD 2816093	POD ULSTR Location and Description OIL CON. DIV. DIST. 3
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V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
06/20/95	09/05/95	7720'	7687'	7388' - 7593'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
12 1/4"	9 5/8" 36#, J-55	376'	250 sx "G"	
8 3/4"	7" 23#&26#, K-55, C95	7720'	1) 195sx 50/50poz, 175sx "G"	
			2) 305sx 50/50poz, 175sx "G"	
	2 3/8" 4.7#	7636'	3) 280sx 65/35poz, 175sx "G"	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
	ASAP	09/26/95	24 Hrs.	200 psig	N/A
Choke Size	Oil	Water	Gas	AOF	Test Method
Variable	4	62	414 MCF/D		Flowing

I hereby certify that the rules 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: *Robert L. Caine*

Printed name: Robert L. Caine

Title: Production Foreman

Date: October 2, 1995

Phone (505) 632-1811

OIL CONSERVATION DIVISION

Approved by: Original Signed by FRANK T. CHAVEZ

Title: SUPERVISOR DISTRICT #3

Approval Date: OCT 18 1995

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be
accompanied by a tabulation of the deviation tests conducted in
accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for
changes of operator, property name, well number, transporter, or
other such changes.

A separate C-104 must be filed for each pool in a multiple
completion.

Improperly filled out or incomplete forms may be returned to
operators unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.

Reason for filling code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AQ	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the
United States government survey designates a Lot Number
for this location use that number in the "UL or lot no." box.
Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe

The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this
completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which this product
will be transported by this transporter. If this is a new well
or recompletion and this POD has no number the district
office will assign a number and write it here.

Product code from the following table:

O	Oil
G	Gas

22. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is moved
from the property. If this is a new well or recompletion and
this POD has no number the district office will assign a
number and write it here.

24. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A Water Tank", "Jones CPD Water
Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing
show and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and
bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

46. The signature, printed name, and title of the person
authorized to make this report, the date this report was
signed, and the telephone number to call for questions
about this report

47. The previous operator's name, the signature, printed name,
and title of the previous operator's representative
authorized to verify that the previous operator no longer
operates this completion, and the date this report was
signed by that person

District I
PO Box 1908, Hobbs, NM 88241-1908
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd., Aztec, NM 87410
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PO Box 2088, Santa Fe, NM 87504-2088

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		Reason for Filing Code NW
API Number 30 - 0 39-25434	Pool Name BLANCO MESA VERDE	Pool Code 72319
Property Code 011510	Property Name RINCON UNIT	Well Number #178E

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
J	23	27N	7W		1450'	SOUTH	1450'	EAST	039

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
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009018	GIANT REFINING COMPANY 5764 U.S. HIGHWAY 64 FARMINGTON, N.M. 87401	28/5263	0	

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OCT - 3 1995

IV. Produced Water

POD 28/5265	POD ULSTR Location and Description DIST. 3
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V. Well Completion Data

Spud Date 06/20/95	Ready Date 09/05/95	TD 7720'	PBTD 7687'	Perforations 5102' - 5486'
Hole Size 12 1/4"	Casing & Tubing Size 9 5/8" 36#, J-55	Depth Set 376'	Sacks Cement 250 sx "G"	
8 3/4"	23#&26#, K-55, C-95	7720'	1)195sx 50/50 poz, 175sx "C"	
			2)305sx 50/50poz, 175sx "C"	
			3)280sx 65/35poz, 175sx "C"	
	2 3/8" 4.7#	7636'	cmt. to surf.	

VI. Well Test Data

Date New Oil	Gas Delivery Date ASAP	Test Date 09/22/95	Test Length 24 Hrs.	Tbg. Pressure 200 psig	Csg. Pressure N/A
Choke Size Variable	Oil 2.4	Water 7	Gas 166 MCF/D	AOF	Test Method Flowing

I hereby certify that the rules 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: <i>Robert L. Caine</i>		OIL CONSERVATION DIVISION Approved by: Original Signed by FRANK T. CHAVEZ Title: SUPERVISOR DISTRICT # 3 Approval Date: OCT 10 1995	
Printed name: Robert L. Caine Title: Production Foreman Date: October 2, 1995 Phone (505)632-1811			
If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

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CG	Change gas transporter
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If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.

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Lease code from the following table:

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47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person