

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator UNION OIL COMPANY OF CALIFORNIA
Address P. O. BOX 2620 - CASPER, WYOMING 82602-2620
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Ownership
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casingshead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rincon Unit</u>	Well No. <u>69</u>	Pool Name, including Formation <u>Blanco S-PC</u>	Kind of Lease State, Federal or Fee <u>SF</u>	Fed <u>SF</u>	Lease No. <u>080385</u>
Location Unit Letter <u>L</u> <u>1650</u> Feet From The <u>South</u> Line and <u>900</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>27N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

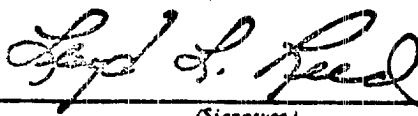
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 990 - FARMINGTON, NM 87401</u>	
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 990 - FARMINGTON, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>27</u>
	Twp. <u>27N</u>	Range <u>7W</u>
	Is gas actually connected? <u>Yes</u> When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



(Signature)

DISTRICT PRODUCTION SUPERINTENDENT

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 10 1980
BY [Signature]
TITLE SUPERVISOR DISTRICT #1

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.