STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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V.S.G.A.			_
LAND OFFICE			
TRANSPORTER	OIL		
	BAB		
OPERATOR			
PROBATION OFFICE		_	

OIL CONSERVATION DIVISION

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

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL COM. DIV.

Operator	
UNION OIL COMPANY OF CALIFORNIA	40f. 3
Address	
P. O. BOX 2620 - CASPER, WYOMING	3 82602-2620
Reeson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter	· · ·
Recompletion OII	Dry Gas
Y Change in Ownership Casinghead Gas	Condensete
If change of ownership give name EL PASO NATURAL G.	GAS CO BOX 990 - FARMINGTON, NM 87401
and sections of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Leese Name Well No. Pool Name,	, including Formation Kind of Lease State Lease No.
Rincon Unit 233 Oter	ro Chacra State, Federal or Fee E 291-35
Location	271 00
Unit Letter L : 1450 Feet From The So	outh Line and 940 Feet From The West
Aut Cattat	Juin Line and 940 Feet From The West
Line of Section 2 Township 26N	Range 7W NMPM, Rio Arriba County
	Hange /W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND N	NATURAL GAS
Name of Authorized Transporter of Oil or Condensate &	
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas or Dry G	Gas A Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
Linit Sec. Two	Rge. Is gas actually connected? When
if well produces oil or liquids, give location of tanks.	
f this production is commingled with that from any other less	se or pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if neces.	ssary.
	· · · · · · · · · · · · · · · · · · ·
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION 0 1000
harehy certify that the titles and remulations of the Oil Concentration Di	APR 09 1986
hereby certify that the rules and regulations of the Oil Conservation Di- seen complied with and that the information given is true and complete to	
ny knowledge and belief.	1 ay Sru h 1 (4 /
α α	PHOTOGRAPHICAL PROTECTION AND AND AND AND AND AND AND AND AND AN
	TITLE SUPERVISOR DISTRICT # 3
gays 9. There	This form is to be filed in compliance with RULE 1104.
	If this is a request for silowable for a newly drilled or despense
(Signature)	well, this form must be accompanied by a tabulation of the deviation
DISTRICT PRODUCTION SUPERINTENDENT	teets taken on the well in accordance with RULE 111.
(Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
MAY 1 1981	Fill out only Sections 1. II. III. and VI for changes of owner.
(Date)	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.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		}	
THAMSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	1CE		

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. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator				
UNION OIL COMPANY OF CALIFORNIA				
Address				
P. O. BOX 2620 - CASPER, WYOMING 826	502_2620			
Ressen(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
Recompletion OII	Dry Ges			
Change in Ownership Casinghead Gas	Condensete			
If change of ownership give name EL PASO NATURAL GAS CO	BOX 990 - FARMINGTON, NM 87401			
II. DESCRIPTION OF WELL AND LEASE				
Lesse Name Well No. Pool Name, includit	Formation Kind of Lease State Lease No.			
	Mesaverde Stote, Federal or Fee E 291-35			
Location	<u></u>			
Unit Letter L 1450 Feet From The South	Line and 940 Feet From The West			
2				
Line of Section 2 Township 26N Range	7W , NMPM, Rio Arriba County			
III DECICALITICAL CE ET LA COMPANIA				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUI	IAL GAS			
	Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS CO. Name of Authorized Transporter of Casinghead Gas Co. or Dry Gas XX	BOX 990 - FARMINGTON, NM 87401			
EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent)			
Unit Sec Two Bee	BOX 990 - FARMINGTON, NM 87401			
If well produces out or tiquids,	W Yes			
f this production is commingled with that from any other lease or po	ol, give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.				
	04.000.000			
7I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION CANCEL CONSERVATION CANCEL				
hereby certify that the rules and regulations of the Oil Conservation Division ha	VE APPROVED			
een complied with and that the information given is true and complete to the best				
ny knowledge and belief.	BY			
	TITLE SUPERVISOR DISTRICT %			
	Substitution of the substi			
Sugar S. Thed	This form is to be filed in compliance with RULE 1104.			
(Signature)	If this is a request for allowable for a newly drilled or deepened			
DISTRICT PRODUCTION SUPERINTENDENT teets taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all of the form must be filled out completely for all of the form must be filled out completely for all of the form must be filled out completely for all of the form must be filled out completely for all of the form must be filled out completely for all of the form must be filled out completely for all of the filled out completely for all o				
				a perable on new and recompleted wells.
(Dear) BERF	Fill out only Sections I. II. III, and VI for changes of owner.			
(D) E @ " "	Separate Forms C-104 must be filed for each pool in multiply			
1026	completed wells.			
APR 0 9 1586	_			