STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		Т	_	-
DISTRIBUT	0=	+	T-	_
BANTA PE		1	+	_
FILE		1	+-	-
V.S.O.A.		1	+-	-
LAND OFFICE		1	+-	-
TRANSPORTER	OIL	1	1	٦
	GAS			٦
OPERATOR				7
PRORATION OFFICE			7	

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				
UNION OIL COMPANY OF CALLFORNIA				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
P. O. BOX 2620 - CASPER, WYOMING 8260 Recsen(s) for filing (Check proper box)	02-2620 Other (Please explain)			
New Well Change in Transporter of:				
Change in Ownership Casinghead Gas	Dry Gas Condensere			
If change of ownership give name EL PASO NATURAL GAS CO.	- BOX 990 - FARMINGTON, NM 87401			
II. DESCRIPTION OF WELL AND LEASE				
Rincon Unit    Well No.   Pool Name, Including	PC State, Federal or See			
Location	SF 079364			
Unit Letter A 1058 Feet From The North Line and 1088 Feet From The East				
Line of Section 30 Township 27N Range	6W NMPM, Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA				
Name of Authorized Transporter of Cit or Condensate The PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas AA	BOX-990 - FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS CO.  If well produces oil or liquids. Unit Sec. Twp. Rgs.	BOX 990 - FARMINGTON, NM 87401			
give location of tanks. A 30 27N 6W	Yes			
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	OIL CONSERVATION DIVISION			
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	APPROVED 36			
my knowledge and belief.	BYSranged. Sava			
32/22/0	TITLE SUPERVISOR DISTRICT # 3			
The state of the s	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 well, this form must be accompanied by a table?			
TOTAL THE TOTAL				
able on new and recompleted wells.				
(Deca)	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.			
<b>2</b>	Separate Forms C-104 must be filed for each pool in multiply completed wells.			