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 Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWARIES AND AUTHORIZATION

I.	TILO				AND NATURAL GA				
Operator				<u> </u>	Well API No.				
UNION OIL COMPANY OF CALIFORNIA						30-039-25179			
Address Avenue DD Avenue	- 000	.			07/04				
3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401 Reason(s) for Filing (Check proper box) Other (Please explain)									
Reason(s) for I-sling (Check proper box) New Well Change in Transporter of:									
Recompletion	Oil Dry Gas								
Change in Operator									
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE									
Lease Name Well No. Pool Name, Includi					ing Formation	Kind	of Lease	1	ease No.
RINCON UNIT	159M BLANCO MES						ederal or Fee NM-013654		
Location									
Unit LetterF	: 1695 Feet From The North Line and 1735 Feet From The West L								Line
Section 18 Township 27N Range 6W , NMPM, RIO ARRIBA County									
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
MERIDIAN OIL INC.					BOX 4289, FARMINGTON, NM 87499				
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas 🔀	Address (Give address to which approved copy of this form is to BOX 1492, EL PASO, TX 79978				nt)
EL PASO NAT. GAS CO. If well produces oil or liquids,				ls gas actually connected?					
give location of tanks.	Unit	18	27N	6W	NO	When	•	ASAP	
If this production is commingled with that	from any other	r lease or						ADAI	
IV. COMPLETION DATA									
Designate Type of Completion	(V)	Oil Well	G	as Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		<u> </u>	!	X	X			L	
7/1/92	Date Compl. Ready to Prod. 9/15/92				Total Depth 7788 ¹		P.B.T.D.	7741'	
Elevations (I)F, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth			
6620' GR	BLANCO MESA VERDE				4898'	7660'			
Perforations 4898-4984, UPPER BLANCO MESA VERDE					I	Depth Casing Shoe			
5432-5564' Ľô	7788'								
10.5.005	TUBING, CASING AND								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"				DEPTH SET 358'		SACKS CEMENT 240 SX		
7 7/8"		5 1/2"			7788'		751 SX 746		
		2 3/8"			7660 '				
V. TEST DATA AND REQUES									
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lyt, etc.)									
Date of 1ear					Producing Method (Plow, pump, gas lyl, elc.)				
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure	Charle Size			
						00TGE 392			
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.		Gas- MCF		
(1.0.1						·	Cit	. CO!	
GAS WELL Actual Frod. Test - MCF/D	T 7 11 11 11 11 11 11 11 11 11 11 11 11 1							DIST	
	Length of Test 24 HRS				Bbls. Condensate/MMCF	Gravity of Condensate			
764 [Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				-0- Casing Pressure (Shut-in)	55° Choke Size			
BACK PRESSORE	500						24/64	11	
VI. OPERATOR CERTIFICATE OF COMPLIANCE							24/04		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above									
is true and complete to the best of my knowledge and belief.					Date Approved				
malia willow							-		
Signature					By	T			
MALIA VILLERS FIELD CLERK Printed Name									
Tritle 10/1/92 (505) 326-7600					Title DEPUTY OIL & GAS INSPECTOR, DIST. #3				
Date			phone N						
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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.