

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

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APR 09 1986  
OIL CON. DIV.  
DIST. 3

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) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

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	Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
Rincon Unit	164	Largo-Gallup Gas	State, Federal or Fee	E	291-25

Location  
Unit Letter L ; 1840 Feet From The South Line and 1090 Feet From The West

Line of Section 2 Township 26N Range 7W , NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	L 2 26N 7W 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

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.

*Lynd S. Reed*

(Signature)

DISTRICT PRODUCTION SUPERINTENDENT

(Title)

MAY 1 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviativ. 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.

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ENERGY AND MINERALS DEPARTMENT

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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) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

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>164</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	State <u>E</u>	Lease No. <u>291-35</u>
Location					
Unit Letter <u>L</u> ; <u>1840</u> Feet From The <u>South</u> Line and <u>1090</u> Feet From The <u>West</u>					
Line of Section <u>02</u> Township <u>26N</u> Range <u>07W</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 990 - FARMINGTON, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 990 - FARMINGTON, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<u>L</u>   <u>02</u>   <u>26N</u>   <u>07W</u>   <u>Yes</u>

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.

*Leop. S. Reed*  
(Signature)  
DISTRICT PRODUCTION SUPERINTENDENT  
(Title)  
MAY 1 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ APR 09 1986

BY \_\_\_\_\_

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

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