

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241 - 1900

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211 - 0719

OIL CONSERVATION DIVISION

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

5 Copies

DISTRICT II
1000 Rio Brazos Rd., Aztec, NM 87410

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|--|--------------------------------------|------------------------------------|
| 1. Operator Name and Address UNION OIL COMPANY OF CALIFORNIA dba/UNOCAL P.O. BOX 850 BLOOMFIELD, NEW MEXICO 87413 | | 2 OGRID Number 023708 |
| | | 3 Reason for Filing Code CO |
| 4 API Number 30-039-22832 | 5 Pool Name BLANCO MESA VERDE | 6 Pool Code 72319 |
| 7 Property Code 011510 | 8 Property Name RINCON UNIT | 9 Well Number 234 |

II Surface Location

| | | | | | | | | | |
|--------------------|---------------|-----------------|--------------|---------|------------------------|---------------------------|-----------------------|------------------------|----------------------|
| UL or lot ac. E | Section 02 | Township 26N | Range 07W | Lot.Ids | Feet from the 1490' | North/South Line NORTH | Feet from the 830' | East/West Line WEST | County RIO ARRIBA |
|--------------------|---------------|-----------------|--------------|---------|------------------------|---------------------------|-----------------------|------------------------|----------------------|

Bottom Hole Location

| | | | | | | | | | |
|--------------------|-------------------------------|------------------------|------------------------|-------------------------|--------------------------|---------------------------|-----------------------|------------------------|----------------------|
| UL or lot ac. E | Section 02 | Township 26N | Range 07W | Lot.Ids | Feet from the 1490' | North/South Line NORTH | Feet from the 830' | East/West Line WEST | County RIO ARRIBA |
| 12 Les. Code F | 13 Producing Method Code F | 14 Gas Connection Date | 15 C-129 Permit Number | 16 C-129 Effective Date | 17 C-129 Expiration Date | | | | |

III. Oil and Gas Transporters

| | | | | |
|----------------------|--|---------|--------|---------------------------------------|
| 18 Transporter OGRID | 19 Transporter Name and Address | 20 POD | 21 O/G | 22 POD ULSTR Location and Description |
| 014546 | MERIDIAN OIL COMPANY P.O. BOX 4289 FARMINGTON, NEW MEXICO 87499 | 2812779 | O | |
| 007057 | EL PASO NATURAL GAS COMPANY P.O. BOX 4990 FARMINGTON, NEW MEXICO 87499 | 2569930 | G | |
| | | | | |
| | | | | |
| | | | | |

IV Produced Water

| | |
|-------------------|---------------------------------------|
| 15 POD 2569950 | 24 POD ULSTR Location and Description |
|-------------------|---------------------------------------|

V. Well Completion Data

| | | | | |
|--------------|-------------------------|--------------|-----------------|-----------------|
| 25 Spud Date | 26 Ready Date | 27 TD | 28 PBSD | 29 Perforations |
| 30 Hole size | 31 Casing & Tubing Size | 32 Depth Set | 33 Sacks Cement | |
| | | | | |
| | | | | |
| | | | | |

VI. Well Test Data

| | | | | | |
|-----------------|----------------------|--------------|-----------------|-------------------|-------------------|
| 34 Date New Oil | 35 Gas Delivery Date | 36 Test Date | 37. Test Length | 38. Tbg. Pressure | 39. Csg. Pressure |
| 40 Choke Size | 41 Oil | 42 Water | 43 Gas | 44 AOF | 45 Test Method |

| | | | |
|--|--|--|--|
| 46 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature <i>R.L. Caine</i> Printed Name R.L. CAINE Title PRODUCTION FOREMAN Date 08/30/94 | | OIL CONSERVATION DIVISION Approved by: <i>37.8</i> SUPERVISOR DISTRICT #3 Approval Date: AUG 31 1994 Phone (505) 632-1811 EXT 24 | |
|--|--|--|--|

| | | | |
|--|--------------|-------|------|
| 47 If this is a change of operator fill in the OGRID number and name of the previous operator. | | | |
| Previous Operator Signature | Printed Name | Title | Date |