omit 5 Conies propriate District Office STRICT I D. Box 1980, Hobbs, NM 88240

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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

Well API Na.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III 30 Rio Brazos Rd., Azzec, NM 87410

Union Oil Company of California

STRICT II). Drawer DD, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Union Oil Compa	my of Calliorn	1a		30-039-25060		
3300 N. Butler	- Farmington,	NM 87401				
ion(s) for Filing (Check proper bo			X Other (Please a	TDIAUL)		
Well X	_	a Transporter of:		,,		
ompletion mge in Operator	Oil	Dry Gas Condensate		port purposes with	deviation	
ange of operator give name	Canadian On	CONCERNE	reports.			
iddress of previous operator						
DESCRIPTION OF WEI						
ee Name Rincon Unit	Well No. Pool Name, include 192E Basin Dake			Kind of Lease	Lease No.	
ation	1,72,6	DOSTII DAN	<u> </u>	State, Federal or Fee	SF-079160	
Unit LetterD	1020	Feet From The	north Line and 97	70	west rine	
3	26 N		Life and	Feet From The	West Line	
Section 1 Town	nship 26-N	Range 7-W	, NMPM,	Rio Arriba	County	
DESIGNATION OF TR	ANSPORTER OF C	II. AND NATI	DAL CAS			
ne of Authorized Transporter of O	or Conde	ACME X		which approved copy of this form	s is to be sent)	
Meridian			•	39 - Farmington, NM		
ne of Authorized Transporter of Cas Gas Co. of New Mexi		or Dry Gas 🍱		which approved copy of this form		
veli produces ail ar higaids,	Unit Sec.	Twp. Ree.	is gas actually connected	- Carlsbad, NM 88	220	
location of tends.	D 1	26N 7W	NO	? When ?		
is production is commingled with a COMPLETION DATA	hat from any other lease of	pool, give comming	ting order number:			
COMPLETION DATA	losi w.	n C- W n				
Designate Type of Completi	on - (X) Oil We	li Gas Weil X	New Well Workover	r Deepen Plug Back Sa	me Res'v Diff Res'v	
s Spudded	Date Compl. Ready		Total Depth	P.B.T.D.		
5-17-91 PRICES (DF, RKB, RT, GR, etc.)		7-22-91		7350'		
•		Name of Producing Formation Dakota/Graneros		Top OirClas Pay Tubing Depth 71.42 73.04		
6536 GR		eros	71.72	7304 Depth Casing 5	ihos	
7248'-7323' Dakota				7365'		
HOLE SIZE			CEMENTING RECO			
17 1/2"		CASING & TUBING SIZE		DEPTH SET SACKS CEMENT 501 600		
12 1/4"		9 5/8"		4302 4320 1375		
8 3/4"	7"		7365		30	
TEST DATA AND REQU	2 3/8"	ADIE	7304			
			t be equal to or exceed ton	allowable for this depth or be for	6.11.24 haven	
e First New Oil Run To Tank	Date of Test		Producing Method (Flow	, pump, gas lift, etc.)	TILL 24 MONES.)	
ab of Ton	· · · · · · · · · · · · · · · · · · ·					
guh of Test	Tubing Pressure		Casing Pressure	Choice Size	1.00=	
ual Prod. During Test	1. During Test Oil - Bbls.		Water - Bbis	Gas- MCF	1991	
				A Company of the Comp	TOPL NA	
AS WELL					7457.3	
ual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Con		
1234 ing Method (puot, back pr.)	24 hrs.	24 hrs. Tubing Pressure (Shut-m)			.690	
Back pr.		1995			Choke Size 64/64"	
OPERATOR CERTIF		PLIANCE				
hereby certify that the rules and re	eguiations of the Oil Conse	avauon	OIL CC	DNSERVATION D	IVISION	
Division have been complied with a true and complete to the best of a	and that the information go	ven above		OCT 2 A	1001	
(N. 114			Date Approv	ved		
Charlotte	12 elson		12.	is hal Signed by Clinikies un	NULLIUM	
Signature Charlotte Bees	on - Dria Clas	-b	By			
CHALLUCUS DECEM	DETU. CIQT	.r.	11			
Printed Name		Title		and the second of the second o	•	
	(915) 682-	Title	Title			

- ble 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.