Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 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 ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								API No.		
UNION OIL CO. OF C	CALIFORNI	A					30	-039-2517	4	
Address					0= 404					
3300 N. BUTLER, SU		FARMI	NGTO	V, NM	87401					
Reason(s) for Filing (Check proper box)				Oth	es (Please expl	ain)			
New Well		Change in	-							
Recompletion	Oil		Dry Ga							
Change in Operator	Casinghea	d Cas	Conden	sate		····			·	
If change of operator give name and address of previous operator										
•	LANDIN	4 C P								
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include										
								of Lease Federal or Fee		ase No.
RINCON UNIT		201E	B	ASIN DA	KUIA		State,	Teocial of Ice	E-291	1-3
Location							_		_ .	
Unit LetterJ	<u> </u>	25	Feet Fr	om The	South Lin	and bas	Fe	et From The	East	Line
Section 2 Towns	hin 26N		_	7w				Rio Arr	i ha	
Section 2 Towns	hip ZON		Range	7 7 7	N	MPM,		NIO ALI	100	County
III. DESIGNATION OF TRA	NCPODTE	D OE OI	I ANI	n Natii	DAI CAS					·
Name of Authorized Transporter of Oil	TOLOKIE	or Condens	rale.			e address to w	hick approved	copy of this for	m ie to be ea	m/1
MERIDIAN OIL INC.	LJ			X)		9, FARM			1499	,u,
Name of Authorized Transporter of Cas	inchead Gas		or Dry	Gas X				copy of this for		1
UNION OIL OF CALIF				رما دها	3300 N	BUTLER	SUITE	200, FARM	INGTON	NM 87401
If well produces oil or liquids,	Unit		Twp.	Rge.	le gas actually		When		· · · · · · · · · · · · · · · · · · ·	
give location of tanks.	iπi	•	26N	7W	YI		1	9-2-9	92	
If this production is commingled with the	at from any oth									
IV. COMPLETION DATA			,				~~~~~~~~			
		Oil Well	10	Jas Well	New Well	Workover	Deepen	Plug Back S	ame Dec'y	Diff Res'v
Designate Type of Completio	n - (X)		i Ì	J	i	ITOIROTEI	l Dapar	l ing pack is:	attic MCP A	Dill Resv
Date Syndded	Date Comp	N. Ready to	Prod,		Total Depth		<u></u>	P.B.T.D.		- 1
	•	•			Ť			1.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay			Tubing Depth		
								•		
								Depth Casing Shoe		
renoracions								Deput Casing	Snoe	
r crici agonis								Depth Casing :	5noe 	·
	Т	UBING, (CASIN	NG AND	CEMENTIN	NG RECOR	D	Depth Casing :	Shoe	·
HOLE SIZE		URING, G				NG RECOR DEPTH SET			CKS CEME	NT
										NT
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HOLE SIZE	CAS	SING & TUI	BING S							NT
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HOLE SIZE V. TEST DATA AND REQUI	CAS ST FOR A	SING & TUI	BING S	SIZE	be equal to or	DEPTH SET	owable for this	SA SA depth or be for	CKS CEME	
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HOLE SIZE V. TEST DATA AND REQUI OIL WELL (Test must be after	CAS EST FOR A recovery of to	LLOWA	BING S	SIZE	be equal to or	exceed top allo	owable for this	s depth or be for	CKS CEME	
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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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.