Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l <u>.</u>		TO TRA	NSP	ORT OII	LAND	IATUR.	AL GA	<u>-</u> 3 (110) (
Operator UNION OI	COMPANY OF CALI								1 API No.			
3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401						30-039-25181						
leason(s) for Filing (Check proper box)						X Other (Please explain)						
Recompletion	Change in Transporter of: Dry Gas X				INSTALLATION OF CENTRAL POINT OF DELIVERY							
Change in Operator		singhead Gas		Condensate	X							
If change of operator give r and address of previous or	name perator											
II. DESCRIP	TION OF V	NEII A	ND I	EASE								
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Form								W:= 3 - 4 L	55055			
RINCON UNIT (DK) Location		125M		BASIN DAKOTA				e FEDERAL r Fee		Leasie No. SF-079367-A		
Unit Letter	F	:1800'		Feet From Th	e NORTH	Line and	1700'	Feet From Ti	he	WEST	1.7	
Section	26 Township	27N		Range	6W	NMPM,		RIO ARRIBA		WEST	Line	
III. DESIGNA	TION OF	TRANS	POR	TER O	FOII A	ND N	A TI 10		<u> </u>	County		
Name of Authorized transp	orter of Oil		or Conde		X X					-646		
MEHIDIAN OIL, INC. Name of Authorized Transporter of Casinghead Gas.							P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499					
UNION OIL COMPANY of well produces oil or liquid	DE CALIFORNIA DBA	UNOCAL / EL	PASO NA	TURAL GAS C		3300 N. BI	JILEH,SUI	IE 200, FMGTN	oproved copy I.,N.M. 87401/	of this form in P.O. BOX 49	s to be sent 90,FMGTN	
give location of tanks.		İ		: Twp.	Rge.	Is gas actu	ally connec	cted?	When?	N.M. 87499		
If this production is commir	igled with that from an	y other lease o	r pool, giv	e commingling	order number:							
IV. COMPLE	TION DAT	Α						PHC-	- 915			
Designated Type of Co				Oil Well	Gas Well	New Well	Workove			Same Res	v Diff Res	
Date Spudded	inpletion – (X)	Date Comp.	Ready to	Prod.		Total Depth		1	10070	1	<u> </u>	
Elevations (DF, RKB, R	T.GR, etc.)	<u>L</u> .				<u> </u>			P.B.T.D.			
Perforations (DF, RKB, RT,GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
	-								Depth Casi	ng Shoe		
		TUBIN	1G, C	ASING.	AND CE	MENT	ING F	RECORE	os -			
HOLE SIZ	CASING & TUBING SIZE				DEPTH SET.			SACKS CEMIENT				
					 	· · ·		2 1				
		i							+			
V. TEST DAT	A AND RE	QUES	T FO	R ALLC	WABI	=		33	<u> </u>			
Olate First New Oil Run To Tank Crest must be after recovery of total volume of load oil and must be equal to or Date of Test						D. C.						
Length of Test		Tubing Pressu	re					(Flow, pump, gas,	, iitt, ect.)			
ctual Prod. During Test Oil – Bbls.						Casing Pressure			Choke Size			
		OII - BDS.				Water - Bb	ls.		Gas - MCF			
GAS WELL												
Actual Prod. test - MCF/D		Length of Test				Bbls. Conde	ensate/MM	CF	Gravity of Co	ondensate		
Testing Method(pitol, back pr.)	Tubing Pressu	re (Shut-	in)		Casing Pres	sure (Shut	-in)	Choke Size			
VI.OPERATO	R CERTIF	ICATE	OF C	COMPLI	ANCE	<u> </u>			<u> </u>			
				2 2.			001	355 24.				
I hereby certify that the rules and regulations 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.							OIL CONSERVATION DIVISION					
Since and complete to the	ie oest of my knowledg	e and belief.						2 0	MD ~ ^	*0 6 5		
Sarcha	X. 31	isol				Date Aproved MAR				2 2 1953		
SANDRA K, LIESE GENERAL CLERK												
Printed Name Title						By Share						
3/15/93						Title SUPERVISOR DISTRICT #3						
Date	Ť	elephone No.										

INSTRUCTIONS: This form is to be filled 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.

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OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION L TO TRANSPORT OIL AND NATURAL GAS Operator Well API No UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL 30-039-25181 Address 3300 NORTH BUTLER, SUITE 200, FARMINGTON, NEW MEXICO 87401 Reason(s) for Filing (Check proper box) Other (Please explain) New Well INSTALLATION OF CENTRAL POINT OF DELIVERY Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease FEDERAL RINCON UNIT Lease No. MESA VERDE 125M BLANCO State. Federal or Fee SF-079367-A 1800' Feet From The NORTH Line and 1700' Feet From The WEST Township 27N Range 6W RIO ARRIBA III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized transporter of Oil ddress (Give address to which approved copy of this form is to be sent P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499 or Condensate X Address MERIDIAN OIL, INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas
UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL/EL PASO NATURAL GAS CO.

If well produces oil or liquids, Unit Sec. Twp. Address (Give address to which approved copy of this form is to be sent 3300 N. BUTLER, SUITE 200, FMGTN., N.M. 87401/P.O. BOX 4990, FMGTN., X Address Is gas actually connected? When? N.M. 87499 YES If this production is commingled with that from any other learning order number IV. COMPLETION DATA Oil Well Gas Well Workover New Well Deepen Plug Back | Same Res'v | Diff Res Designated Type of Completion - (X) Date Spudded Date Comp. Ready to Prod. Total Depth P.B.T.D Flevations (DF, RKB, RT,GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBI**N**G, CASING AND CEMENTING RECORDS HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume ofload oil and must be equal to or exceed top allowabove Ifor this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas, lift, ect.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhk Water - Bbls Gas - MCF GAS WELL Actual Prod. test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method(pitol, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI.OPERATOR CERTIFICATE OF COMPLIANCE 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 MAR 2 2 1933 **Date Aproved** Diesel Ву SANDRA K. LIESE GENERAL CLERK Printed Name 3/15/93 SUPERVISOR DISTRICT 13 326 - 7600Title

INSTRUCTIONS:

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Separate Form C – 104 must be filled for each pool in multiply completed wells.

Date

Telephone No.