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

## State of New Mexico 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., Azicc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRA	NSPORT OF	LAND NA	TURAL G					
Operator				API No.						
UNION OIL COMPANY OF	30-			-039-252	039-25211					
Addiess										
3300 N. BUTLER, SUITE	200, F	ARMINO	GTON, NM	87401						
Reason(s) for Filing (Check proper box)					hes (Please exp	lain)				
New Well X		Change in	Transporter of:							
Recompletion	Oil	. H	Dry Gas L							
Change is Operator	Casinghead	Cas []	Condensate		<del></del>					
If change of operator give name and address of previous operator										
• •	4.515 53.4	on								
II. DESCRIPTION OF WELL	·		I Deal Manus Includ	ing Formation		Vind	of Lease	1 1	esse Na	
Lease Name RINCON UNIT	E Name UNIT  Well No.   Pool Name 110CON UNIT						Federal or Fee E 290-2B			
Location	l.	100 L	Lance C	JALLUI				1 2 23		
	10%	_	C	OUTU		_		EAST		
Unit LetterI	_ :104	5	Feet From The St	UUIH L	ne and	F	et From The	ERSI	Line	
Section 36 Township	27N		Range 7W		VMPM,		RIO AR	RTBA	County	
Section 30 Township	<u> 2/N</u>		range / W		117121114		KIO AK	KIDA	•	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND NATU	IRAL GAS	}					
Name of Authorized Transporter of Oil		or Conden			ive address to w	hich approved	copy of this	orm is to be s	eni)	
MERIDIAN OIL INC.	LJ	. <u>[A</u> ]			289, <b>FA</b> R	MINGTON	, NM	NM 87499		
Name of Authorized Transporter of Casing	head Cas or Dry Gas X				ive address to w		<del></del>	orm is to be s	ent)	
EL PASO NATURAL GAS	<del></del>			BOX 14	492, EL	PASO,	X 79978			
If well produces oil or liquids,	Unit	Sec.		ls gas actual	lly connected?	When	When ?			
give location of tanks.	I	36	27N 7W	<u> </u>	NO		ASAP			
If this production is commingled with that	from any other	r lease or	pool, give comming	ling order nun	nber:					
V. COMPLETION DATA										
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	X	X		1	<u> </u>	<u> </u>		
Date Spudded	Date Compl. Ready to Prod.		Prod.	Total Depth			P.B.T.D.			
9/19/92		11/10/92		75	523'		7482*			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		ormation	Top Oil/Gas Pay			Tubing Depth			
6547' GR	Carlo Carlo Gallup			6506'				7311'		
Perferations							Depth Casing Shoe			
6506-6710 <b>'</b>	LARGO G						1	7523 <b>'</b>		
	TUBING, CASING AND			CEMENT				DADIO OCUCUT		
HOLE SIZE	CAS	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		ENI	
12 1/4"	ļ	8 5/8"		373'			250 SX		<del></del>	
7 7/8"	<del> </del>	5 1/2"			7529'			1705 SX		
	2 3/8"			7311' 6735'						
I TERRETORY THE BEST HE		PACKE		.L	0/33		<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t		LLUIV International	ADDE: of load oil and mus	t he equal to a	or exceed ton al	lowable for th	is death or be	for full 24 hos	urs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		oj loba ou ona mus	Producing N	Method (Flow, p	ump, eas lift.	Total D		ME	
Date fair few Oil Roll to Islin	Date of 1es	•	·				ין עון			
Length of Test	Tubing Pres	LG1MA		Casing Pres	ente.	·	Charle Size			
	1001118			1		DEC1 0 1992				
Actual Frod. During Test	Oil - Bbla.			Water - Bbl	Water - Bbia		Gue- MCF			
		Ou - Boil.					OIL CON. DIV			
CIAC SUPER	<u> </u>			<u></u>				DIST	27	
GAS WELL Actual Prod. Test - MCF/D	77722247274	last		Thur Cont	encyle/MANACE		TGGGGG of	Coodencate		
	Length of Test  24 HRS.		Bbls. Condensate/MMCF -0-			Gravity of Condensate 55°				
204 Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
BACK PRESSURE	_	•	· ·					3/64"		
·		PSI	OF TARIOT	-\r <u>-</u>			1	., 04		
VI. OPERATOR CERTIFIC					OIL CO	NSERV	<b>ATION</b>	DIVISIO	NC	
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					
					Date Approved DEC 11 1992					
•	•			II Dai	re Abbron	B <b>Q</b>		.002		
main Source				[]						
Signature		-;		By.	ORIG	INAL SIGN	D BY ERNI	E BUSCH		
MALIA SOWER			LD CLERK							
Printed Name		E0# 4	Title 2600	Titl	e DEPUTY	OIL & GAS	S INSPECTO	k. 1457. <del>4</del> 3	1	
12/08/92 Date			326-7600 lephone No.	- 11						
r.we		10	riving (40).	13						

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) Superato Form C 104 point he filed for each position multiple of the control of the c