State of New Mexico Energy, Minerals and Natural Resources Department

Fc:m C-104 3∈vised 1~1~89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Aztec, NM 87410

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

	REQI	JEST F	OR A	LLOWA	BLE AN	D AUTHO	ORIZATIO	N			
1.						NATURAL					
Operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL						Well API No.					
Address				W MEXICO 874	01			30-039-82	2370		
Reason(s) for Filing	3300 NORTH BUTLER SUITE 200, FARMINGTON, NEW MEXICO 87401 (Check proper box)						X Other (Please explain)				
New Well	Change in Transporter of:					INSTALLATION OF CENTRAL POINT OF DELIVERY					
Recompletion Change in Operator	Oil	singhead Gas		Dry Gas	X						
If change of operator give	e name	singricad das		Condensate							
and address of previous	•										
II. DESCRIF	PTION OF V	NELL A	ND I	LEASE							
Lease Name RINCON UNIT Location			Well No 182		, Including For DAKOTA	mation	Kind of Lo State, Feder	ease FEDERAL ral or Fee	SF-0793	Leas e No. 67 – A	
Unit Lette	er G	_ : <u>1650'</u>		Feet From Th	ie NORTH	Line and	1500' Feet Fron	n The	EAST	L ne	
Section	26 Township	27N		— Range	6W		RIO ARRI				
III DECICA	ATION OF	TDANG	\D <u>\</u>						County	 -	
III. DESIGN		IHANS									
MERIDIAN OIL, INC.					<u>X</u>	Address (Give address to which approved copy of this form is to be sen. P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499					
Name of Authorized Train UNION OIL COMPAN	nsporter of Casinghead Y OF CALIFORNIA DB	Gas A UNOÇAL		or Dry Gas	X	Address (G	ive address to which LER, SUITE 200, I	h approved copy	of this form i	s to be sen	
If well produces oil or liq give location of tanks.	uids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?	EW MEXICO	87401	
If this production is comm	ningled with that from a	ny other lease o	or pool, giv	e commingling	order number:						
IV. COMPLI	ETION DAT	- A									
				Oil Well	Gas Well	New Well W	Vorkover Deepe	n Plug Back	Same Res	'v Tiff Res	
Designated Type of (Completion - (X)	-1:5 <u>-</u>						ag Daoi		Jiii ries	
Date Spudded		Date Comp). Ready to	Prod.		Total Depth		P.B.T.D.			
Elevations (DF. RKB.	RT,GR, etc.)	Name of Pro	ducing For	mation		Top Oil/Gas Pa	ay	Tubing Dep	oth		
Perforations						_		Depth Casi	ng Shoe		
		TUDI		NACINIC.	ANDO		atl.	ME M	<u> </u>		
HOLES	TUBING, CASING AND C										
nole s	SIZE		CASING	& TUBING S	IZE	\ De	PTH SET	1993	SACKS C	EMIENT	
						E T	MARKE	100	-		
							grant y to grant				
V. TEST DA	TA AND RE	EQUES	T FC	R ALL	DWABL	E.		· ·			
OIL WELL	(Test must be after red	covery of total v	olume of	oad oil and mus	t be equal to o	r exceed too allow	vabove Ifor this dan	th or ha far full a	4 haura i		
Date First New Oil Run T	o Tank	Date of Test	 -			Producing Met		gas, lift, ect.)			
Length of Test		Tubing Press	ure			Casing Pressu	re	Choke Size			
Actual Prod. During Test		Oil - Bbls.				Water - Bbls.					
04014/511						vvaler - bus.		Gas - MCF			
GAS WELL											
Actual Prod. test - MCF/		Length of Tes	it			Bbls. Condens	ate/MMCF	Gravity of C	ondensate		
Testing Method(pitol, back	pr.)	Tubing Press	ure (Shut-	-in)		Casing Pressu	re (Shut-in)	Choke Size			
VI.OPERAT	OR CERTIF	ICATE	OF (COMPL	IANCE	<u>.</u>	:				
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 appl complete to the best of my knowledge and belief.						OIL O	ONOLITY	AHON		ON	
is true and complete (o the best of my knowled	ge and belief.						MAD o 4	1002		
Sandra	- K. O	siese				Date A	proved	MAR 22	र ।४४३		
Signature SANDRA K. LIESE		05155					_		1	-	
Printed Name	<u></u>	GENERAL (ULERK			By _	۵	<u> </u>	Krang		
3/15/93						Title SUPERVISOR DISTRICT #3					
Date		Talanhana Na									

<sup>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.</sup>