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appropriate District Office  
DISTRICT I  
O. Box 1980, Hobbs, NM 882-0

DISTRICT II  
O. Drawer DD, Artesia, NM 88210

DISTRICT III  
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico /  
Energy, Minerals and Natural Resources Department

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Union Oil Company of California dba Unocal	Well API No. 30-039-06903
Address 3300 N. Butler, Suite 200 Farmington, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

#### I. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 19	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>W</u> Line Section <u>30</u> Township <u>27</u> Range <u>6</u> , NMPM, Rio Arriba County				

#### II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>30</u> Twp. <u>27</u> Rge. <u>6</u> Is gas actually connected? <u>Yes</u> When?
If this production is commingled with that from any other lease or pool, give commingling order number.	

#### III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/09/53	Date Compl. Ready to Prod. 12/02/53	Total Depth 3260'	P.B.T.D. 3166'					
Elevations (DF, RKB, RT, GR, etc.) 6711' GR	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 2950'	Tubing Depth 2984'					
Performances 3032'-39', 3042'-48', 3050'-62', 3099'-3101', 3144'-65'		Depth Casing Shoe 3175'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8", 36#	103'	75					
7"	20#	3175'	150					
	2 7/8", 4.7#, J-55	2984'						

#### IV. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load out and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank N/A	Date of Test 12/04/90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 180	Casing Pressure	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 0	Gas - MCF 106

#### GAS WELL

Actual Prod. Test - MCF/D 106	Length of Test 24 HRS	Bbls. Condensate/MCF	Gravity of Condensate 0
Testing Method (prior, back pr.) CHOKER	Tubing Pressure (Shut-in) 180	Casing Pressure (Shut-in) 0	Choke Size 48/64

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature C.A. Van Horn Field Superintendent  
Printed Name C.A. Van Horn Title  
Date 12/06/90 (505) 326-7600  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved JAN 09 1991  
By Original Signed by CHARLES GRIFFIN  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.