

WELL NAME AND NUMBER RINCON UNIT NO. 240

LOCATION SEC. 21, T27N, R6W RIO ARRIBA COUNTY, NEW MEXICO  
(New Mexico give U, S, T, & R; Texas give S, Blk., Sur. & Twp. when required.)

OPERATOR UNION OIL COMPANY OF CALIFORNIA

DRILLING CONTRACTOR AZTEC WELL SERVICING CO., INC.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

[illegible]

Drilling Contractor AZTEC WELL SERVICING CO., INC.

By Sally Tandel

Subscribed and sworn to before me this 20<sup>th</sup> day of October, 19 89

OFFICIAL SEAL  
DEPARTMENT OF JUSTICE  
NOTARY PUBLIC - STATE OF NEW YORK  
My Commission Expires: 10-29-90  
My Commission expires 10-29-90  
10-29-90

Royce C. Hatfield  
Notary Public

SAN JUAN County, NEW MEXICO

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

## OIL CONSERVATION DIVISION

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

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

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

|  |   |                                     |
|--|---|-------------------------------------|
| I. Operator  |   | Well API No.                        |
| Union Oil Company of California                                  |   |                                     |
| Address:<br>P. O. Box 671 - Midland, Texas 79702                 |   |                                     |
| Reason(s) for Filing (Check proper box)                          |   |                                     |
| New Well <input checked="" type="checkbox"/>                     | Other (Please explain)                  |                                     |
| Recompletion <input type="checkbox"/>                            | Change in Transporter of:               |                                     |
| Change in Operator <input type="checkbox"/>                      | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
|  | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator |   |                                     |

### II. DESCRIPTION OF WELL AND LEASE

|                           |                 |  |  |                        |
|---------------------------|-----------------|--|--|------------------------|
| Lease Name<br>Rincon Unit | Well No.<br>240 | Pool Name, including Formation<br>Basin-Fruitland Coal | Kind of Lease<br>State, Federal or Fee | Lease No.<br>SF 079366 |
| Location                  |                 |  |  |                        |
| Unit Letter K             | 1500            | Feet From The south                                    | Line and 1750                          | Feet From The west     |
| Section 21                | Township 27-N   | Range 6-W  | NMPM,                                  | Rio Arriba             |
| County                    |                 |  |  |                        |

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

|   |  |  |
|---|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/>  | or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| 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) |
| If well produces oil or liquids, give location of tanks.  |  |  |
| Unit  | Sec.   | Twp.   |
| Rgs.  | Is gas actually connected? When?               |  |
| No  | Approx. 10-25-89                               |  |
| If this production is commingled with that from any other lease or pool, give commingling order number. |  |  |

### IV. COMPLETION DATA

|  |   |                          |                       |          |        |           |            |            |
|--|---|--------------------------|-----------------------|----------|--------|-----------|------------|------------|
| Designate Type of Completion - (X)             | Oil Well                                      | Gas Well                 | New Well              | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|  |   | X                        | X                     |          |        |           |            |            |
| Date Spudded<br>8-1-89                         | Date Compl. Ready to Prod.<br>9-8-89          | Total Depth<br>3312'     | P.B.T.D.<br>3302'     |          |        |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>6611' GR | Name of Producing Formation<br>Fruitland Coal | Top Oil/Gas Pay<br>3128' | Tubing Depth<br>3236' |          |        |           |            |            |
| Perforations<br>3128' - 3196'                  | Depth Casing Shoe<br>3312'                    |                          |                       |          |        |           |            |            |
| TUBING, CASING AND CEMENTING RECORD            |   |                          |                       |          |        |           |            |            |
| HOLE SIZE                                      | CASING & TUBING SIZE                          | DEPTH SET                | SACKS CEMENT          |          |        |           |            |            |
| 12 1/4"  | 9 5/8"  | 235'                     | 175                   |          |        |           |            |            |
| 7 7/8"   | 5 1/2"  | 3312'                    | 830                   |          |        |           |            |            |
| TBG. - 2 3/8"                                  |   | 3236'                    |                       |          |        |           |            |            |

### V. TEST DATA AND REQUEST FOR ALLOWABLE

|   |                 |   |            |
|---|-----------------|---|------------|
| OIL WELL (Test must be after recovery of total volume of load oil 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  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |
| OCT 31 1989   |                 |   |            |

### GAS WELL

|   |                                   |                                   |                            |
|---|-----------------------------------|-----------------------------------|----------------------------|
| Actual Prod. Test - MCF/D<br>85                   | Length of Test<br>24 hours        | Bbls. Condensate/MMCF<br>0        | Gravity of Condensate<br>0 |
| Testing Method (pilot, back pr.)<br>Back pressure | Tubing Pressure (Shut-in)<br>562# | Casing Pressure (Shut-in)<br>562# | Choke Size<br>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 Charlotte Beeson  
Charlotte Beeson Drlg. Clerk  
Printed Name  
10-10-89 (915) 682-9731  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved OCT 31 1989

By Original signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT 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 well.