Submit 5 Conice
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hebbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Forms C-104: Revised 1-1-89 See instructions at Bettern of Page

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 Brizos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		. 0 111	1101	0111 01	E VIID IIV	ONAL GA					
Union Oil Company	of Cali	forni	a				Well /	API No.			
dina	<u> </u>						<u> </u>				
P. O. Box 671 - N	Miland, T	'exas	79702	<u>}</u>							
Research(s) for Filing (Check proper box	•				Oth	t (Please expia	rin)				
New Well XX	•	Change i	а Тивар	orter of:	_						
Recompletion	Oil	Ĭ	Dry G								
Change in Operator	Casinghea	d Gas 🗌	Conde	ante 🗌							
change of operator give name											
ad address of previous operator		-								 	
L DESCRIPTION OF WEL	L AND LEA	ASE									
Lease Name		Well No.	Pool N	iame, lacius	ding Formation		Kind	of Lease		case No.	
Rincon Unit		243	Ba	sin-Fr	uitland I	a si n ('¿¿	State,	Esteral or F	ee	79367 A	
Location				_					<u></u>	19361 A	
Unit Letter K	:185	:1850 Feet From The		rom The _	south Lie	1850) F.	et From The	west	Line	
0.7								· ———	Line		
Section 27 Town	ship 27-N		Range	6-W	, N	ирм , Ri	o Arrib	a		County	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	INSPORTE			TAN DE							
value of Authorized Transporter of Oti		or Cond	ELEKE		Address (Giv	e address to wi	hich approved	copy of this	form is to be s	ieni)	
Name of Authorized Transporter of Ca	ringhand Cor		e= N.		: 4 4 5						
Name of Authorized Transporter of Ca	Hugneso († 146 /	z. —	or Dry	Gas 🚞	Address (Giv	e address to wi	nch approved	copy of this	form is so be s	tent)	
If well produces oil or liquide,	Unit	Sec.	Twp.	P~	L la gas actuali	111	1 7 7 7	,, ; / ·.) 7	
give location of tanks.	Ame	-	l . wh	, ~g=	No	y commercial?	Whea	-	, 10 OF	90	
f this production is commingled with the	at from any oth	er lenne o	e anni. e	ive commin				Approx	k. 10-25	-89	
V. COMPLETION DATA	om , ou		. p	THE COLUMN	Smit organ was				 -		
		Oil We	n 1	Gas Well	New Well	Workover	Deepen	Divo Davi			
Designate Type of Completic	on - (X)		- i	X	1 x	"OILOVE!	Deepea	riug Bac	k Same Res'v	Diff Res'v	
Oste Spudded	Date Compt. Ready to Prod.				Total Depth			P.B.T.D.	٠		
8-20-89	9–23–89				3263'			1	3252'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
6577' GR	Fruitland Coal				İ	3080'			3199'		
Perforations								Depth Car			
<u> 3080' - 3149'</u>								•	3263'		
	TUBING, CASING AND				CEMENTI	NG RECOR	D.				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8"			; 	228'			175			
<u>7 7/8"</u>	5 1/2"				·	3263'			680		
	<u> </u>							<u> </u>			
TECT DATA AND DECL	Tbg -	2 3/8	II	,	<u> </u>	<u> 3199'</u>					
V. TEST DATA AND REQU											
DIL WELL Test must be afu Date First New Oil Run To Tank	Date of Te		e of load	ou and mu					e for full 24 ha	4 85	
Cate First New Oil Roll 10 Talls	Date of 16	x			LICONCING M	ethod (Flow, pi	ump, gas iyi,	ec.)	UJE		
Length of Test	Tubing Pre	*****			Casing Press	100		Choke Si	N		
	100/116							Choice 50		3 1 19 89	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas- MCF		
-								OIL COLL DIS			
GAS WELL										3	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	enterly (A.A.C.T.	_			?⊌∵ ∪	
114	24 hours				0	INTERIOR INTO		Gravity o	Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size 48/64"				
Back pressure	468#			468#			48/ _{64"}				
			DI TAI	NICTE:							
VL OPERATOR CERTIF				NCE	(DIL CON	JSERV	ATION	ו או או או	ΩNI	
I hereby certify that the rules and re Division have been complied with a	-			re.		J.L 001	-ULI 1 V	A LION	וטועוטו		
is true and complete to the best of n						A =					
				Date	Date Approved						
Charlotte Beeser					Original Signed by FRANK T. CHAVEZ						
Signature					By_						
<u>Charlotte Beeson</u>		rlg.									
Printed Name	(01	E) (0	Title)]	Title		auperv	ISOR IN I''	:*** 개호 		
October 11, 1989	(91	.5) 68	2-9/3								

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 preliphy completed wells.