Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Union Oil Company of California
Well API No.: 30-039-24562

Address: P. O. Box 671 - Midland, TX 79702

Reason(s) for Filing (Check proper box)
New Well: XX
Recompletion: —
Change in Operator: —
Change in Transporter of: Oil — Dry Gas — Casinghead Gas — Condensate —
Other (Please explain): Filed for record purposes with deviation tests.

If change of operator give name and address of previous operator: —

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rincon Unit	257	Basin Fruitland Coal	State (Federal or Fee)	E-290-28

Location
Unit Letter G : 2223 Feet From The north Line and 1837 Feet From The east Line
Section 16 Township 27N Range 6W NMPM, Rio Arriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil — or Condensate X: Meridian Oil
Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Casinghead Gas — or Dry Gas X: Unknown El Paso Natural Gas Co.
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.	Rge.	Is gas actually connected?	When ?
					No	2 to 3 weeks

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-3-90	4-7-90	3238'	3237'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6521' GR	Fruitland Coal	3136'	3168'

Perforations	Depth Casing Shoe
3136' - 3183'	3238'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	223'	200 sxs
7 7/8"	4 1/2"	3238'	820
	2 3/8	3161	

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

JUN 18 1990
OIL CON. DIV
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
229	24 hours	0	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back pr.	363#	363#	-

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.

Charlotte Beeson
Signature
Charlotte Beeson - Drlg. Clerk
Printed Name / Title
6-8-90 / (915)682-9731
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved: JUL 16 1990
By: Bill Olson
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 pool in multiply completed wells.