

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Box 1980, Hobbs, NM 88240
DISTRICT III
P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Union Oil Company of California Well API No. n/a
Address P.O. Box 671 - Midland, Texas 79702
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
Change of operator give name and address of previous operator _____
Filed for record purposes with deviation tests.

III. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit Well No. 276 Pool Name, including Formation Basin Fruitland Coal Kind of Lease State, Federal or Fee Lease No. SF-079298-D
Location
Unit Letter A : 1080 Feet From The north Line and 1240 Feet From The east Line
Section 13 Township T27N Range R7W NMPM Rio Arriba County _____

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate _____ Address (Give address to which approved copy of this form is to be sent) _____
No Condensate
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____ Address (Give address to which approved copy of this form is to be sent) _____
El Paso Box 4990 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgn. Is gas actually connected? When?
No 3 to 4 weeks

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.					
<u>4-15-90</u>	<u>5-20-90</u>	<u>3260'</u>	<u>3259'</u>					
Elaborations (DF, REB, RY, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>6636' GR</u>	<u>Fruitland Coal</u>	<u>3100'</u>	<u>3127'</u>					
Perforations			Depth Casing Shoe					
<u>3100' - 3204'</u>			<u>3260'</u>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>223'</u>	<u>300</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3260'</u>	<u>775</u>
	<u>2 3/8"</u>	<u>3127'</u>	

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 100 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. _____
RECEIVED
JUN 25 1990

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
107 24 hrs. 0 _____
Testing Method (puot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____
Back pr. 550 550 1"

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 6-20-90 Title (915) 682-9731
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUN 25 1990
By [Signature]
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.