

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

Operator Union Oil Company of California	Well API No. n/a
Address: P. O. Box 671 - Midland, TX 79702	
Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Filed for record purposes with deviation tests.
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
Change in Transporter of: 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 Rincon Unit	Well No. 278	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM-012209
Location				
Unit Letter H	1970	Feet From The north Line and 970	Feet From The east	Line
Section 14	Township 27N	Range 7W	NMPM	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Meridian O.F.						
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Unknown El Paso Natural Gas						
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 5-6-90	Date Compl. Ready to Prod. 5-20-90		Total Depth 3174'		P.B.T.D. 3172'			
Elevations (DF, RKB, RT, GR, etc.) 6581' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3020'		Tubing Depth 3056'			
Perforations 3020'-3126'					Depth Casing Shoe 3173'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 1/2"	8 5/8"		362'		450			
7 7/8"	4 1/2"		3173'		795			
	2 3/8"		3056'					

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
GAS WELL			
Actual Prod. Test - MCF/D 325	Length of Test 24 hours	Bbls. Condensate/NATURAL GAS 0	Gravity of Condensate -
Testing Method (plot, back pr.) Back pr.	Tubing Pressure (Shut-in) 520	Casing Pressure (Shut-in) 520	Choke Size Open

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 - Dir. Clerk
Printed Name
6-7-90 **(915)682-9731**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 27 1990**
By Burt J. Chang
Title **SUPERVISOR DISTRICT 13**

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.