

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Union Oil Company of California Well API No. 30-039-24703

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

Reason(s) for Filing (Check proper box) ☒ Change in Transporter of: ☒ Deviation (Please explain)
New Well ☒ Filed for record purposes with deviation
Recommendation ☐ Oil ☐ Dry Gas survey.
Change in Operator ☐ Casinghead Gas ☐ Condensate
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit Well No. 287 Pool Name, including Formation Basin Fruitland Coal Kind of Lease State, Federal or Fee Lease No. SF-080385
Location Unit Letter M 1056 Feet From The south Line and 1088 Feet From The west Line
Section 27 Township T27N Range R7W NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil No condensate water or Condensate 2579350 Address (Give address to which approved copy of this form is to be sent) _____
Name of Authorized Transporter of Casinghead Gas El Paso or Dry Gas 2579330 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit Sec. Twps. Rgs. Is gas actually connected? No When? 3 to 4 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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>4-17-90</u>	Date Compl. Ready to Prod. <u>5-15-90</u>	Total Depth <u>3020'</u>	P.B.T.D. <u>3019'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6653' GR</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>2935'</u>	Tubing Depth <u>2966'</u>					
Performances <u>2935'-2968'</u>			Depth Casing Shoes <u>3020'</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>226'</u>	<u>300</u>
<u>4 1/2"</u>	<u>4 1/2"</u>	<u>3020'</u>	<u>725</u>
	<u>2 3/8"</u>	<u>2966'</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 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS-MCF
OIL CON. DIV
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
<u>59</u>	<u>24 hours</u>	<u>0</u>
Testing Method (pucl, back pr.) <u>Back pr.</u>	Tubing Pressure (Shut-in) <u>390</u>	Casing Pressure (Shut-in) <u>390</u>
		Choke Size <u>1"</u>

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 - Drlq. Clerk
Printed Name
6-29-90 (915)682-9731
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 03 1990

Date Approved _____
By Burt D. Shum
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.