

Submit to: Coconino District Office
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom 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 Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Union Oil Company of California	n/a
Address:	
P. O. Box 671 - Midland, Texas 79702	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of:
Change in Operator <input type="checkbox"/>	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	Filed for record purposes w/deviation tests.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Rincon Unit	292	Basin Fruitland Coal	State, Federal or Fee	SF-080385
Location				
Unit Letter K	2265	Feet From The south	Line and 1555	Feet From The west
Section 35	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	Address (Give address to which approved copy of this form is to be sent)					
Meridian CT 2544710						
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
Unknown 21 250 Natural Gas 25 79730						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	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.					
4-22-90	5-12-90	2947'	2944'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6602' GR	Fruitland Coal	2866'	2880'					
Perforations			Depth Casing Shoe					
2866-2895'			2949'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	227'	300					
7 7/8"	4 1/2"	2949'	720					
	2 3/8"	2880'						

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.	
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
376	24 hours	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	580	580	

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.

Signature Charlotte Beeson

Printed Name Charlotte Beeson - Drilling Clerk

Date 6-7-90

Telephone No. (915) 682-9731

OIL CONSERVATION DIVISION

JUL 13 1990

Date Approved _____

By Barry. Sherr

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.