

U.S. Coles
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

U.S. Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1500 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. _____

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

Reason(s) for Filing (Check proper box)

New Well ☒ X Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐ Other (Please explain) Filed for record purposes with deviation tests.

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit Well No. 277 Pool Name, including Formation Basin Fruitland Coal Kind of Lease State, Federal or Fee Lease No. SF-079298

Location
Unit Letter N 1034 Feet From The south Line and 1677 Feet From The west Line
Section 13 Township 27N Range 7W NMPM Rio Arriba Country _____

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)
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 P. O. Box 4990 - Farmington, NM 87499

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
No 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
		☒	☒					
Date Spudded <u>5-31-90</u>	Date Compl. Ready to Prod. <u>6-12-90</u>	Total Depth <u>3300'</u>	P.B.T.D. <u>3294'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6721' GR</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>3205'</u>	Tubing Depth <u>3166'</u>					
Performances <u>3205' - 3182'</u>			Depth Casing Shoe <u>3298'</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>362'</u>	<u>300</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3298'</u>	<u>900</u>
	<u>2 3/8"</u>	<u>3166'</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.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
<u>332</u>	<u>24 hours</u>	<u>0</u>	<u>1"</u>
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
<u>Back pr.</u>	<u>700</u>	<u>700</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 - Drlg. Clerk
Printed Name
6-28-90 (915) 682-9731
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 03 1990

Date Approved _____

By Barry J. Chang

SUPERVISOR DISTRICT #3

Title _____

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.