State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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.:

Address: P. O. Box 671 - Midland, TX 79703

Reason(s) for Filing (Check proper box)

New Well: X
Recompletion:
Change in Operator:

Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate

X Other (Please explain): C-104 submitted for record purposes with deviation reports.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Rincon Unit	293	Basin Fruitland Coal		SF-080385

Location: Unit Letter G : 1520 Feet From The north Line and 1850 Feet From The east Line

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: No condensate — Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Casinghead Gas or Dry Gas XX: El Paso — 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.	Twp.	Rge.	Is gas actually connected?	When ?
					No	Negotiating contract

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.
7-11-90	7-29-90	3095'	3090'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6702' GR	Fruitland	2904'	2927'

Perforations	Depth Casing Shoe
2904-3043'	3095'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	359'	300
7 7/8"	4 1/2"	3095'	750
	2 3/8"	2927'	

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

RECEIVED
AUG 20 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
724	24 hrs.	0	-

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pr.	465	465	

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: 8-6-90 Title: (915) 682-9731

Date: Telephone No.

OIL CONSERVATION DIVISION

Date Approved: SEP 11 1990

By: Original Signed by CHARLES GHOLSON

Title: DEPUTY OIL & GAS INSPECTOR, DIST. #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.