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Appropriate District Office
DISTRICT I
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., Aziec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator									Weil A	Pl No.			
	Union O	il Company	of Cal	Liforni	ia								
Address							_	_		UNOCAL			
		ox 671-Mid	land, 1	rx 7970)2/Pl	.ease sei	nd appro	<u>ved C-10</u>		3300 N.			
	-	eck proper box)			_	_	Other	(Please explai	in)]	Farmingt	on, NM 8	37401	
iew Well		<u> </u>		Change in	-								
tecomplet			Oil	님	Dry G		Dev	iation r	report a	ttached.			
	Operator	<u> </u>	Casinghead	d Gas	Conde	nsale							
change o	of operator give a of previous o	name											
	•	-	ANDIE	ACE									
		N OF WELL A	AND LEA	Well No.	Dool N	iame, Includin	a Formation		Kind o	Lease	i	ase No.	
Jease Nai	ease Name Rincon Unit			259	1	•	uitland Coal			State, Federal or Fee		9364	
ocation	KIIICOII	. OILL		233	<u> </u>	asin ri	<u>urcrain</u>	<u>ccar</u>			SE -07	7504	
		Н	: 170	0		_		and957_			east	Line	
	Unit Letter _		_ : <u></u> /U	5	_ reet r	rom the	HOLLII Line	864 <u>957</u>	ra	et From The _			
	Section 29	Township	_D 27N		Range	6W	, NN	ирм, Ri	io Arrib	a		County	
-	Decuou												
II. DE	SIGNATIO	ON OF TRAN	SPORTE	R OF O	IL AN	D NATUE	RAL GAS						
		ansporter of Oil		or Conde				e address to wh	iich approved	copy of this fo	orm is to be se	nı)	
No	condens	ate		_									
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)							
El Paso							P. O. Box 4990 - Farmi			ngton, NM 87499			
If well produces oil or liquids,		Unit	Sec.	Twp	Rge.	Is gas actually connected?		When	When ?				
ive locati	ion of tanks.			<u> </u>	<u>i </u>		N N)		Negotia	ating co	ntract	
		mingled with that	from any ou	her lease or	r pool, g	ive commingli	ing order numi	жг					
v. co	OMPLETIC	ON DATA										_,	
	-		(3/)	Oil Wel	u	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		of Completion		_L		<u> </u>	x	L	<u> </u>	<u> </u>	1		
Date Spu	udded			ipi. Ready i	io Prod.		Total Depth			P.B.T.D.	_		
	7-3-9			8–5–90				3232'			32261		
Elevation	ss (DF, RKB, R		Producing Formation			Top Oil/Gas Pay			Tubing Depth				
K	6667	'GR	F	<u>ruitla</u>	nd_		1	3065 '		Depth Casia	088 '		
Perforation										-			
	3065	<u> </u>					OCN 4EN ITT	NO DECOI	30	3	231 '		
							CEMENTI	NG RECOR			SACKS CEN	ENT	
	HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT 350			
	12 1/4"		8 5/8" 4 1/2"				355' 3231'			820			
	<u>7 7/8"</u>			4_1	.[2			3231			020		
				2 3/8"				3088'					
V TE	ST DATA	AND REQUE	ST FOR			Ē.	1						
OIL W		Test must be after					i be equal to o	r exceed top a	llowable for th	is depth or be	for full 24 ho	urs.)	
	nst New Oil Ru		Date of 7		,		Producing A	lethod (Flow, p	pump, gas lýt,	elc.)			
Date I'll	IM THEW, OH KU	a 10 .mx	Date of ,	, Ca			l li) E C	FIN				
Length o	of Test		Tubing P	ressure			Casing Plan	pare -		Chold Size			
							U	<u>u</u>		In			
Actual I	Prod. During T	est	Oil - Bbl	is.			Water - Bbl	L AUG2	4 1990	Gas- MCF			
			ľ					011 00					
<u> </u>								OIL CC		V.			
(: A C	WEII							Bbis. Condensate/MMCIST. 3			Gravity of Condensate		
	WELL Prod. Test - M	CF/D	Length	of Test					ध्य. ३ -	Gravity of	Condensate		
	Prod. Test - M	CF/D	Length o		rs.				ध्र. ३	Gravity of	Condensate		
Actual	Prod. Test - M 804			24 h			Bbis. Cond	ensate/MM	ध्य. ३	Gravity of Choke Siz	-	<u> </u>	
Actual	Prod. Test - M 804 Method (pitot,						Bbis. Cond	ensate/MIMP	ST. 9		-		
Actual Festing	Prod. Test - M 804 Method (pilo), ack pr.	back pr.)	Tubing	24 hi Pressure (S 575	hut-in)	ANICE	Bbis. Cond	cossuc/MMC	ST. 9		·	· `.	
Festing Bi	Prod. Test - M 804 Method (pian. ack pr. DPERATO	back pr.) OR CERTIFIC	Tubing CATE C	24 his Pressure (S. 575) DF CON	hut-in) APLIA		Bbis. Cond	ensale/MMP 0 soure (Shul-in) 575		Choke Siz	1"	ON	
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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.