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Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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FEB 13 1989

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator UNOCAL (Union Oil Company of California)		Well API No. OIL CON. DI DIST. 3
Address P.O. Box 2620, Casper, Wyoming 82602-2620		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Well reactivated following temporary disconnect.
Change in Transporter of: Oil <input checked="" 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. #1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-079364
Location Unit Letter I : 1359 Feet From The South Line and 953 Feet From The East Line Section 30 Township 27N Range 6W, NMPL, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Company	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4299, Farmington, New Mexico 87499				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, New Mexico 87499				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 30	Twp. 27N	Rge. 6W	is gas actually connected? Yes	When? 1/19/89

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						
Date Spudded 7/24/51	Date Compl. Ready to Prod. 4/21/52		Total Depth 7745'		P.B.T.D. 7598'			
Elevations (DF, RKB, RT, GR, etc.) 6647' DF	Name of Producing Formation Dakota		Top Oil/Gas Pay 7482'		Tubing Depth 7575'			
Perforations 4 spf: 7570'-36', 7530'-22', 7514'-10', 7504'-482', 7402'-396', 7392'-81', 7378'-52'					Depth Casing Shoe 7600' (liner)			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	10 3/4"		494'		200			
8 3/4"	7"		7485'		200			
8 3/4"	5 1/2" Liner		7227'-7600'		200			
	2 3/8" Tubing		7575'					

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

GAS WELL

Actual Prod. Test - MCF/D 467 MCF/D	Length of Test 148 Hours	Bbls. Condensate/MMCF 5 bbls./MMCF	Gravity of Condensate 57
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930	Casing Pressure (Shut-in) 1125	Choke Size 11/64" to 13/64"

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
William Hering / Area Petroleum Engineer
Printed Name
2/10/89
Date
(505) 632-1811
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 13 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR, DISTRICT #1

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.

WH/s1