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

Energy, Minerals and Natural Resources Department

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. 30-039-24699

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

Reason(s) for Filing (Check proper box)

New Well: X
Recompletion: —
Change in Operator: —

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

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	264	Basin Fruitland Coal		SF-079366

Location

Unit Letter M : 1200 Feet From The south Line and 798 Feet From The west Line

Section 19 Township [redacted] Range [redacted] 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)

No condensate Well 2577250 [illegible]

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 Nat. 2577230 P. O. Box 4990 - Farmington, TX 79702

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.
6-18-90	7-14-90	3122'	3114'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6582' GR	Fruitland Coal	2939'	2960'

Perforations	Depth Casing Shoe
2939'-3060'	3119'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	358'	350 sxs
7 7/8"	4 1/2"	3119'	788
	2 3/8"	2960'	

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 3 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
219	24 hrs.	0	-

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pr.	505	505	1"

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 / Title

7-30-90 (915)682-9731
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 16 1990

By [illegible]

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.