

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

DISTRICT II  
100 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 79702

Reason(s) for Filing (Check proper box) \_\_\_\_\_

New Well ☒ \_\_\_\_\_

Recommendation == \_\_\_\_\_

Change in Operator == \_\_\_\_\_

If change of operator give name and address of previous operator \_\_\_\_\_

Change in Transporter of: \_\_\_\_\_

Oil == \_\_\_\_\_

Changehead Gas == \_\_\_\_\_

Dry Gas == \_\_\_\_\_

Condensate == \_\_\_\_\_

C-104 submitted for record purposes with deviation tests.

Unit Letter M \_\_\_\_\_

Section 1 \_\_\_\_\_

Township 26N \_\_\_\_\_

Range 7W \_\_\_\_\_

Line 1155 \_\_\_\_\_

Feet From The south \_\_\_\_\_

Feet From The west \_\_\_\_\_

Country Rio Arriba \_\_\_\_\_

Lease Name Rincon Unit \_\_\_\_\_

Well No. 271 \_\_\_\_\_

Pool Name, including Formation Basin Fruitland Coal \_\_\_\_\_

Kind of Lease State, Federal or Fee \_\_\_\_\_

Lease No. SF-079160 \_\_\_\_\_

Location \_\_\_\_\_

Designation of Transporter of Oil and Natural Gas \_\_\_\_\_

Name of Authorized Transporter of Oil No condensate \_\_\_\_\_

Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_

Name of Authorized Transporter of Casinghead Gas 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. \_\_\_\_\_

Rgs. \_\_\_\_\_

Is gas actually connected? No \_\_\_\_\_

When? \_\_\_\_\_

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 X \_\_\_\_\_

New Well X \_\_\_\_\_

Workover \_\_\_\_\_

Deepen \_\_\_\_\_

Plug Back \_\_\_\_\_

Same Res v \_\_\_\_\_

Diff Res v \_\_\_\_\_

Date Spudded 6-3-90 \_\_\_\_\_

Date Compl. Ready to Prod. 6-24-90 \_\_\_\_\_

Total Depth 2800' \_\_\_\_\_

P.B.T.D. 2794' \_\_\_\_\_

Elevations (DF, RKB, RT, GR, etc.) 6485' GR \_\_\_\_\_

Name of Producing Formation Fruitland Coal \_\_\_\_\_

Top Oil/Gas Pay 2636' \_\_\_\_\_

Tubing Depth 2661' \_\_\_\_\_

Performances 2636' - 2742' Fruitland Coal \_\_\_\_\_

Depth Casing Shoe 2799' \_\_\_\_\_

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12 1/4" \_\_\_\_\_

CASING & TUBING SIZE 8 5/8" \_\_\_\_\_

DEPTH SET 360' \_\_\_\_\_

SACKS CEMENT 300 \_\_\_\_\_

7 7/8" \_\_\_\_\_

4 1/2" \_\_\_\_\_

2 3/8" \_\_\_\_\_

2661' \_\_\_\_\_

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 100 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 - MCF \_\_\_\_\_

GAS WELL

Actual Prod. Test - MCF/D 101 \_\_\_\_\_

Length of Test 24 hrs \_\_\_\_\_

Bbls. Condensate/MMCF 0 \_\_\_\_\_

Gravity of Condensate \_\_\_\_\_

Testing Method (puce, back pr.) Back pr. \_\_\_\_\_

Tubing Pressure (Shut-in) 450 \_\_\_\_\_

Casing Pressure (Shut-in) 450 \_\_\_\_\_

Choke Size 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.

Signature Charlotte Beeson \_\_\_\_\_

Printed Name Charlotte Beeson - Drlg. Clerk \_\_\_\_\_

Date 7-27-90 \_\_\_\_\_

Telephone No. (915) 682-9731 \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved AUG 16 1990 \_\_\_\_\_

By [Signature] \_\_\_\_\_

Title SUPERVISOR DISTRICT #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.

