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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Union Oil Company of California	30-039-25174

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) [ ]

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Rincon Unit	201E	Basin Dakota	State, Federal or Fee	E-291-3

Location
Unit Letter __J__   1765 Feet From The __south__ Line and 1705 Feet From The __east__ Line

Section 2   Township 26N   Range 7W   NMPM,   Rio Arriba   County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]   Address (Give address to which approved copy of this form is to be sent)
Meridian   P. O. Box 4289 - Farmington, NM 87499

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)
Gas Co. of New Mexico   311 Moore Dr. - Carlsbad, NM 88220

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	J	2	26N	7W	No	ASAP

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-10-92	7-22-92	7580'	7543'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6663' GR	Dakota	7222'	7371'

Perforations		Depth Casing Shoe
7222'-7402' Dakota		7579'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	366'	240 sxs
7 7/8"	5 1/2"	7579'	1445 sxs
	TBG 2 3/8"	7371'	

IV. 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 bridge 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
461	24 hrs	7	55°

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	1520	–	48/64"

V. 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-Drilling Clerk
Printed Name   Title

8-18-92   (915)682-9731
Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____   Original Signed

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.