

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., Aztec, NM 87410

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/Please send approved C-104 to:		UNOCAL 3300 N. Butler Farmington, NM 87401
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Deviation Reports attached.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 301	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-079321
Location				
Unit Letter K	: 920	Feet From The south	Line and 850	Feet From The west
Section 25	Township 27N	Range 7W	NMPM,	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
No Condensate						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso	P. O. Box 4990 - Farmington, NM 87499					
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
		xxx	xxx					
Date Spudded 8-25-90	Date Compl. Ready to Prod. 9-11-90	Total Depth 3085'		P.B.T.D. 3081'				
Elevations (DF, RKB, RT, GR, etc.) 6630' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2895'		Tubing Depth 2930'				
Perforations 2895'-3015'				Depth Casing Shoe 3085'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		362'		300			
7 7/8"	4 1/2"		3085'		600			
	2 3/8"		2930'					

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, pumpjack, etc.)
		RECEIVED
Length of Test	Tubing Pressure	Casing Pressure
		OCT 3 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		OIL CON. DIV.
		DIST. 3
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 235	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 255	Casing Pressure (Shut-in) 255	Choke Size 48/64"

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
Charlotte Beeson
Printed Name
Charlotte Beeson - Drilling Clerk
Date
9-24-90
Telephone No.
(915) 682-9731

OIL CONSERVATION DIVISION

OCT 17 1990

Date Approved

By
SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.