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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 UNION OIL COMPANY OF CALIFORNIA		Well API No. 30-039-25100
Address 3300 N. BUTLER, SUITE 200, 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"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON UNIT	Well No. 175M	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-079266
Location Unit Letter <u>F</u> : <u>1740</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>27N</u> Range <u>6W</u> , 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 4289 FARMINGTON, NM 87499					
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) BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 20	Twp. 27N	Rge. 6W	Is gas actually connected? NO	When? ASAP

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 7/4/92	Date Compl. Ready to Prod. 9/25/92		Total Depth 7,623'		P.B.T.D. 7,580'			
Elevations (IDF, RKB, RT, GR, etc.) 6,488' GR	Name of Producing Formation BASIN DAKOTA		Top Oil/Gas Pay 7,290'		Tubing Depth 7,458'			
Perforations 7,290'-7,522' BASIN DAKOTA					Depth Casing Shoe 7,623'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 355'		SACKS CEMENT 250 SX			
7 7/8"	5 1/2"		7,623'		1793 SX 1513			
	2 3/8"		7,458'					

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
			OCT 02 1992 OIL CON. DIV DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 408	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate 55°
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 710	Casing Pressure (Shut-in) ---	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.

Malia Villers
Signature
MALIA VILLERS
Printed Name
10/1/92
Date
FIELD CLERK
(505) 326-7600
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 09 1992

By _____

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.