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1. 8 5/8" # 198' 2. 4\rumerus # 2982' W/75 Sm. 3. Nurr. 2990' - 300h'

Flug A - 100' Flug & Forf.
Flug A - 100' Flug & fletb of 42'
Flug A - 100' Flug in and set of Serface
Flug A - 20' Flug & Serface

Rotablish Day Hale Marker

H. D. Chen, Inc.				
18. I hereby certify that the information above is true and complete	Agentic for Thion (E)	DATE_	June 30,	1971
CONDITIONS OF APPROVAL, IF ANY:	SUPERVISOR DISTRICT I	DATE _	JUL	7 1971

RECEIVED

JUL 31971

OIL CONSERVATION COMM. HOBBS, N. M.

DANTA FE FILE u.s.g.s.

(Title)

(Date)

June 6, 1969

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE

AND HOBBS OFFICE O. C. C. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		Jun 9	3 12 1	9 AM '8	59	Jun 26	3 48 PM '69	
٠.	Operator Union Oil Compan	v of Califo	rni a			· · · · · · · · · · · · · · · · · · ·		•	·
	Address								
	P.O. Box 671, Mi Reason(s) for filing (Check proper box	-	is 7970.	<u>. </u>		Other (Pleas	e explain)		
	New Well		ransporter of						
	Recompletion Change in Ownership	Oil Casinghead	Gas 🗌	Dry Ga Conder	<u> </u>				
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND			1.1. 5					
	Lease Name Tract 26 South Caprock Queen Uni	1 1	ool Name, Ind Capro	ock Qu			Kind of Leas State, Federa	e ^{il or Fee} State	Lease No. B10410-47
	Location Unit Letter M ; 29		The Sout	h_Lin	e and	9 72			
	Line of Section 30 Tov	wnship 15	Ro	inge	31	, NMP	A.	Chaves	County
**	DESCRIPTION OF TRANSPORT	TED OF OU	NID BLA CONT	241 64	0				
IK.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Conc	iensate	KAL GA	Address (ved copy of this form i	s to be sent)
	Navajo Refining Co. Name of Authorized Transporter of Cas		or Dry Gas				ow Mexico	88210 ved copy of this form i	s to be sent)
	Phillips Petroleum	Co.			Phi	illips B	ldg., Ode	ssa, Texas 79	
	If well produces oil or liquids, give location of tanks.	Unit Sec.	' '	Rge. 31	Is gas act	tually connec Ye :	•	^{en} 2⊶28≕62	
	If this production is commingled wit				give comm	ingling orde	r number:		-
٧.	COMPLETION DATA	OIL	Well Ga	s Well	New Well	Workover	Deepen	Plug Back Same P	les'v. Diff. Res'v.
	Designate Type of Completic	On - (X)	dy to Prod		Total Dep	i		P.B.T.D.	1
	Date Spaages	Date Compr. Hea	ay to Floa.		Total Dep			F.B.1.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Products	ng Formation		Top O11/0	Gas Pay		Tubing Depth	
	Perforations				1		A CONTRACTOR OF THE CONTRACTOR	Depth Casing Shoe	
		TUBING, CASING, A			CEMENT	ING RECO	RD		
	HOLE SIZE		TUBING S			DEPTHS		SACKS CI	EMENT
									garifferingles of the first desirability and the same and the same is a second of
									Maria Ma Maria Maria Ma
v.	TEST DATA AND REQUEST FO	OR ALLOWARI	E (Test n	nust be a	ter recover	y of total vol	ume of load oil	and must be equal to o	r exceed top allows
	Oll. WELL Date First New Cil Run To Tanks	Date of Test	able fo	or this de	pth or be fo	or full 24 hour	s) w, pump, gas li		helasakkipsade sakusas milikusas pakusas Pilimakeskes soos samininin
								I challe com	
	Length of Test	Tubing Prossure		Casing P	essure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.		· · · · · · · · · · · · · · · · · · ·	Water - Bb	ls.	`	Gas - MCF	
		<u> </u>			L				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test			Bhls. Cor	MM\estaber	F	Gravity of Condensa	to.
	Netual Ploa. 1851-Meryb	Length of Tost							
	Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing P	ressure (Shui	:-in)	Choke Size	
71.	CERTIFICATE OF COMPLIANCE	CE				OIL	CONSERVA	ATION COMMISSI	ОИ
			- Oil Cama		APPRO	OVED	1 130	7	., 19
	I hereby certify that the rules and r Commission have been complied v above is true and complete to the	vith and that the	e informatio	n given					
	$\mathcal{O}_{\mathcal{O}} = \mathcal{O}_{\mathcal{O}}$				TITLE				
Colon M. relea					This form is to be filed in compliance with RULE 1104.			LE 1104.	
					If this is a request for allowable for a newly drilled or deepened				
	Signo District Production	aure). Superintend			tests t	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			11.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.