

CANTAFEE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

WIDBBS OFFICE O. C. C.
JUN 26 3 48 PM '69

JUN 9 1 22 AM '69

I. OPERATOR

Operator: Union Oil Company of California

Address: P.O. Box 671, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Tract 48</u>	Well No.	<u>9</u>	Pool Name, including Formation	<u>Caprock Queen</u>	Kind of Lease	<u>State</u>	Lease No.	<u>E8664</u>
Location									
Unit Letter	<u>I</u>	Feet From The	<u>East</u>	Line and	<u>1600</u>	Feet From The	<u>South</u>		
Line of Section	<u>30</u>	Township	<u>15</u>	Range	<u>31</u>	<u>NMPM,</u>		<u>Chaves</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Phillips Bldg., Odessa, Texas 79761</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>17</u>	Twp. <u>15</u>
	Rge. <u>31</u>	Is gas actually connected?	<u>Yes</u>
		When	<u>2-28-62</u>

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)	<input checked="" type="checkbox"/>	Oil Well	<input type="checkbox"/>	Gas Well	<input type="checkbox"/>	New Well	<input type="checkbox"/>	Workover	<input type="checkbox"/>	Deepen	<input type="checkbox"/>	Plug Back	<input type="checkbox"/>	Same Res'v.	<input type="checkbox"/>	Diff. Res'v.	<input type="checkbox"/>
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth											
Perforations													Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	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 - Sbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John M. Tyler John Tyler
(Signature)
District Production Superintendent
(Title)
June 6, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John M. Tyler

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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 transporter, or other such change of condition.

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