

<b>PRORATION OFFICE</b>	
Operator <b>Union Oil Company of California</b>	
Address <b>P.O. Box 671, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box) <span style="float:right">Other (Please explain)</span>	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Tract 32</b>	Well No. <b>11</b>	Pool Name, including Formation <b>Caprock Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E2771</b>
Location Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1962.8</b> Feet From The <b>West</b>				
Line of Section <b>30</b> Township <b>15</b> Range <b>31</b> , NMPM, <b>Chaves</b> 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"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Bldg., Odessa, Texas 79761</b>	
If well produces oil or liquids, give location of tanks	Unit <b>17</b> Sec. <b>15</b> Twp. <b>31</b>	Is gas actually connected? <b>Yes</b> When <b>2-28-62</b>

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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)

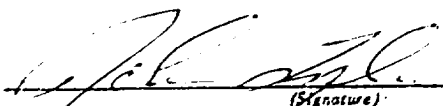
Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

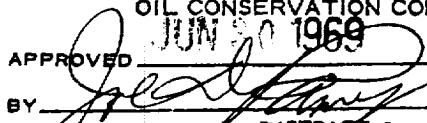
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size


**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 Tyler**  
 District Production Superintendent  
 June 6, 1969

**OIL CONSERVATION COMMISSION**

APPROVED  JUN 20 1969, 19\_\_\_\_

BY 

TITLE **SUPERVISOR DISTRICT I**

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 IV for changes of owner, well name or number, or transporter or other such change of condition.