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NEW MEXICO OIL CONSERVATION COMMISSION
 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

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JUN 8 1966

I. OPERATOR
 Operator: Union Oil & Gas Company
 Address: P.O. Box 1978, Roswell, New Mexico 88201
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): Change in lease name and Well no. from Trigg Federal #1 to Culwin Queen Unit, well #7, effective 6-1-66
 If change of ownership give name and address of previous owner: _____

**O. C. C.
 ARTESIA, OFFICE**

II. DESCRIPTION OF WELL AND LEASE *14-08-0001-8772

Lease Name <u>Culwin Queen Unit</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Shugart, Y., SR., G., C.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>*</u>
Location Unit Letter <u>X</u> , <u>660</u> Feet From The <u>South</u> Line and <u>592.35</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>16S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mocon Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Oil & Gas Bldg., Abilene, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Bldg., Odessa, Texas</u>
If well produces oil or liquids, give location of tanks: Unit <u>X</u> Sec. <u>32</u> Twp. <u>16S</u> Rge. <u>31E</u>	Is gas actually connected? <u>YES</u> When <u>6-1-65</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)	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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.			
Elevations (DF, RKB, RT, CR, 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 (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-Bbls.	Gas-MCF
Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATION 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.

[Signature] O. D. [Name]
 (Signature)
 Director of Drilling Supervisor
 (Title)
 June 6, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY M. L. Armstrong
 TITLE Oil & Gas Supervisor

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.