Distribution	, T	ONSERVATION COMMISSIC.	F. O.W.
SANTA FE FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1  Florida Self-Effective 1-1-65  Florida Self-Effective 1-1-65
U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRA	BBANDFFICE O.C.C.  HISPORT OIL AND NATURAL  9 12 11 AM '69	NGAS 2 38 PM 169
IRANSPORTER GAS OPERATOR			**
PRORATION OFFICE Operator	- at California		
Union Oil Company Address P.O. Box 671. Mic	iland, Texas 79701		·
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion Change in Ownership	Oil X Dry Go Casinghead Gas Conder	Ħ l	
If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F		1 -
South Caprock Queen Unit		220	rad or Fee Federal LC060850
Unit Letter D; 33°	Feet From The North Lin	Feet From NMPM,	Chaves County
I. DESIGNATION OF TRANSPORT		9	
Name of Authorized Transporter of Oil 🛣 or Condensate [		Address (Give address to which approved copy of this form is to be sent)  Artesia, New Mexico 88210  Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum (		Phillips Bldg., Od	_
If well produces oil or liquids, give location of tanks.	D 17 15 31	Yes	2-28-62
If this production is commingled wit. V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty
Designate Type of Completio	n - (A)	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOOIL WELL   Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this delegate of Test	ofter recovery of total volume of load of epth or be for full 24 hours)  Producing Method (Flow, pump, gas	il and must be equal to or exceed top allow lift, etc.)
Length of Test	Tubing Prossure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
CAC WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shub-in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE			VATION COMMISSION
I hereby certify that the rules and recommission have been complied we above is true and complete to the	egulations of the Oil Conservation	APPROVED	VATION COMMISSION

(Signature)

(Title)

(Date)

District Production Superintendent

June 6, 1969

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.

Compared Forms C-104 must be filed for each pool in multiply