	· •		. —,	
DISTRIBUTION SANTA FE		CONSERVATION COMMI		Form C-104
FILE	A REQUEST	FOR ALLOWABLE	##)BBS 0	Supersedes Old C-104 and C-11 FFICE Effective 1-1-65
.u.s.g.s.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	TATCHEM C	AS . C. C.
LAND OFFICE	- lun	Q 12 an BM *69	"30M.522" 3	Sun PM ro
IRANSPORTER GAS	Jun	J 12 II was an		· · · · · · · · · · · · · · · · · · ·
OPERATOR OFFICE	_			
PRORATION OFFICE Operator			· · · · · · · · · · · · · · · · · · ·	
Union Oil Compar	y of California			
P.O. Box 671, Mi	dland, Texas 79701			
New Well	Change in Transporter of:	Other (Please	explain)	
Recompletion	Oil X Dry Go	as 🗍		
Change in Ownership	Casinghead Gas Conde	≔ ·		·
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name Tract 3	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.
South Caprock Queen Uni	t 2 Caprock Qu	ieen	State, Federal	or Fee Federal LC060850
Location		_		
Unit Letter B : 55	Feet From The North	ne and 2086	_ Feet From Ti	ne Fast
Line of Section 8 Tov	wnship 15 Range	31 , имрм,		Chaves County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to	which approve	ed copy of this form is to be sent)
Navajo Refining Co.		Artesia, Net	v Mexico	88210
Name of Authorized Transporter of Case Phillips Petroleum		1		ed copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected		sa, Texas 79761
give location of tanks.	D 17 15 31	Yes		2- 28-62
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:	
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion			·	
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
	44-4			
HOLE SIZE	TUBING, CASING, AND			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Ţ	SACKS CEMENT
	·			
MICH PARK AUD PROGRAMOS DO	D ATY OWARY E	<u> </u>	i	
TEST DATA AND REQUEST FO OIL WELL		iter recovery of total volum pth or be for full 24 hours)	e of load oil an	d must be equal to or exceed top allow-
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.		Gan-MOF
			` .	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Chut-	ln)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
hereby certify that the rules and re	APPROVED 19			
Commission have been complied w bove is true and complete to the				
oove is title and complete to the	best of my knowledge and belief.	BY THE	THE	THE WAY
(/1) m -	70	TITLE		
you 11.0	John Tyler			mpliance with RULE 1104.
(Signat	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.			
District Production S				
(Titl	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
June 6, 1969		Fill out only Se	ctions I. II.	III, and VI for changes of owner,
(Dat	<i>e)</i>	well name or number,	or transporter	or other such change of condition.

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