	SANTA FE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Control Effoctive 101-65
	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL C	· · · · · · · · · · · · · · · · · · ·
I.	PRORATION OFFICE	-		
	Union Oil Company	y of California		
	Address D. D. Dere (11) Million 2 m Honor			
	P.O. Box 671, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)			
	New We!I Recompletion Change in Ownership	Change in Transporter of: Oil X Dry Ga Casinghead Gas Conder	rs	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND Lease Name Tract 6 South Caprock Queen Uni	Well No. Pool Name, Including Fr	· · · · · · · · · · · · · · · · · · ·	Lease No. Lor Fee Federal Lc064900
	Unit Letter D; 660 Feet From The Control Line and 660 Feet From The West			
	Line of Section 17 Tow	wnship 15 Range 3	31 , ММРМ,	Chaves County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas		S 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., Odes	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe Yes	n 2=28=52
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well		
	Designate Type of Completio		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, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	·			
			· · · · · · · · · · · · · · · · · · ·	
	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 allow-			
	OIL WEXT able for this depth or be for full 24 hours) Date First New Oil Run To Tanks IDate of Test Producing Method (Flow, pump, gas lift, etc.)			, e(c.)
	Length of Test	Tuble - Deces		
	Length of lest	Tubing Prossure	Casing Pressure	Choke Size
,	Actual Prod. During Test	Oil-Bbls.	Water-Bbls,	Gas-MCF
ſ	GAS WELL Actual Prod. Test-MCF/D	Longth 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.			OIL CONSERVATION COMMISSION APPROVED, 19 BY	
-	John M. Of (Signa	John 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 allow- able on new and recompleted wells.	
-	District Production S	Superintendent		
June 6, 1969 (Date)			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 need in multiply	