			>								
1.	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTH(RECHEST	FOR ALLOWAL FOR ALLOWAL (AND C. C. ANSPORT OIL A	ea e	<i>i</i>	Supersi Supersi Effects AS 3 45 P	edes Old	C-104 and C-1	
	Union Oil Company Address P.O. Box 671, Mic Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	dland, Te	exas 79	er of:	15	Please exp	lain)		•		
	If change of ownership give name and address of previous owner									··	
II.	DESCRIPTION OF WELL AND I Lease Name Tract 25 South Caprock Queen Uni- Location	th Caprock Queen Unit 4 Caprock C			•			e al or Fee State		Lease No. B10419	
	20	Feet From 15	om The	No rth Lin	`. >1	NMPM,	eet From T	he <u>West</u> Chaves	3	County	
H.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GANGE of Authorized Transporter of Oil or Condensate Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Co.			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 Bldg., Odessa, Texas 79761							
	If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes 2-28-52									
	If this production is commingled wit		17 1		give commingling	g order nur	nber:				
	Designate Type of Completio		Oil Well	Gas Well	New Well Wor	kover D	eepen	Plug Back S	ame Res	v. Diff. Res'v	
	Date Spudded	Date Compl.	Ready to Pro	od.	Total Depth			P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	lucing Forms	ation	Top Oil/Gas Pay			Tubing Depth			
	Perforations							Depth Casing S	Shoe		
	TUBING, CASING, AN				D CEMENTING RECORD DEPTH SET			SACKS CEMENT			
	TEST DATA AND REQUEST FO	fter recovery of total volume of load oil and must be equal to or exceed top allow									
ĺ	OIL WELL Date First New Oil Run To Tanks					Producing Method (Flow, pump, gas lift, etc.)					
ŀ	Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
	Actual Prod. During Test	Oil-Bbla.			Water-Bbls.		`	Gas - MCF			
	GAS WELL Actual Prod. Test-MCF/D	ual Prod. Test-MCF/D Length of Test			Bbls, Condensate/MMCF			Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shub-in)			Choke Size			
	ereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.				OIL CONSERVATION COMMISSION APPROVED BY BY						
-	John M. Juler 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 despended well, this form must be accompanied by a tabulation of the deviation							

District Production Superintendent

(Date)

(Title)
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.

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