

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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 1-1-85

Operator Union Oil Company of California	
Address P. O. Box 671 - Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Re-enter *	

If change of ownership give name  
and address of previous owner

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7/5/84  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. Caprock Queen Unit 1.48	Well No. 15	Pool Name, Including Formation S. Caprock Queen	Kind of Lease State, Federal or Fee	Lease No. E-8664
Location Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>east</u> Line and <u>990</u> Feet From The <u>south</u> Line of Section <u>30</u> Township <u>15-S</u> Range <u>31-E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 - Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 30	Twp. 15-S	Rge. 31-E	Is gas actually connected? No	When

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-3-84 Re-enter	Date Compl. Ready to Prod. 5-5-84	Total Depth 3184'	P.B.T.D.					
Elevations (DF, R&B, RT, GR, etc.) 3448' GR	Name of Producing Formation S. Caprock Queen	Top Oil/Gas Pay 3163'	Tubing Depth 3179'					
Perforations 3163'-3176'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" OD		316'		204			
7 7/8"	5 1/2" OD		3186'		175			
	2 3/8" OD		3179'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 5-5-84	Date of Test 5-14-84	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1 1/2" x 16'	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 275	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

E. C. Stangle  
(Signature)  
Acting District Production Superintendent  
(Title)  
May 23, 1984  
(Date)

OIL CONSERVATION COMMISSION

MAY 28 1984

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of completion.

Separate Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED  
MAY 28 1984  
O.C.D.  
HOBBS OFFICE