

APPROPRIATE DISTRICT OFFICE
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Union Oil Co. of Calif. Well API No. _____
Address P.O. Box 671 - Midland, TX 79702
Reasons for Filing (Check proper box) Other (Please explain)
New Well _____ Change in Transporter of: _____
Recommendation _____ Oil ☒ Dry Gas _____
Change in Operator _____ Casinghead Gas ☐ Condensate _____
Change effective 9-1-90
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Caprock Queen Unit Tr39 Well No. 5 Pool Name, including Formation Caprock Queen Kind of Lease State, Federal or Fee Lease No. E-5666
Location _____
Unit Letter E : 2310 Feet From The N Line and 990 Feet From The W Line
Section 30 Township 15S Range 31E NMPM Chaves County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil Enron Oil Trading & Transp. Co. or Condensate _____ Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 - Houston TX 77251-1188
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____ 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 G Sec. 30 Twp. 15S Rgn. 31E 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 _____ Gas Well _____ 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 _____

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

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 Tank _____ 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. _____ Gas - MCF _____
GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pucl, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Charlotte Beeson
Signature Charlotte Beeson - Dir. Clerk
Printed Name _____ Title _____
Date 7-24-90 Telephone No. (515) 682-9731

OIL CONSERVATION DIVISION
Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.