DISTRIBUTION SANTAFE

NEW MEXICO OIL CONSERVATION COMM. REQUEST FOR ALLOWABLE

Form C+104 Supersedes Old C+104 and C+1

	FILE		AND		Effective 1-1-	55
	U.\$.G.\$,	AUTHORIZATION TO TRA		ATHRAL C	A C	
	LAND OFFICE	AUTHORIZATION TO TRA	MADE ON LOIL MIND IN	ATURAL G	AS	
	OIL					
	TRANSPORTER GAS					
	OPERATOR					
	PROPATION OFFICE					
	Operator	<u> </u>		<u> </u>		
	Union Oil Company of Cal	lifornia	•			
	Address				······································	
	P. O. Box 671 - Midland,	Texas 79702				
	Reason(s) for filing (Check proper box)		Other (Please	explain) Che	anging transpo	rt enc-
	New Well	Change in Transporter of:	From Max		e Oil Purchasi	
	Recompletion	CII XX Dry Go	_	•	-Effective dat	-
	Change in Ownership	Casinghead Gas Conde			Director ve dat	C –
				-,		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.
	S. Caprock Queen Unit Ti	r39 5 Caprock Quee	n l	State, Federal	or Fee State	E-5666
	Location	• ••	• •			•
	Unit Letter E ; 2310	Feet From The <u>north</u> Lir	• and <u>990</u>	_ Feet From T	he west	
		3.5.0				
	Line of Section 30 Tow	mahip 15-S Range	31-Е , ммрм,	Cl	naves	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to	o which approve	ed copy of this form is	to be sent)
	Koch Oil Company Suite 2205-Wilco BldgMidland, Tex. 79701					79701
	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,	Unit Sec. Twp. P.ge.	is gas actually connecte	d? When	n	
	give location of tanks.	<u> E </u>	No			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:		
	COMPLETION DATA					
	Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	siv. Diff. Resiv
	Designate Type of Completto	n – (X)	!	1	!	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
	li de la companya de				*	
	Perforations				Depth Casing Shoe	
	Perforations				Depth Casing Shoe	
	Perforations	TUBING, CASING, AN				
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECOR		Depth Casing Shoe	MENT
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		CASING & TUBING SIZE	DEPTH SE	T	SACKS CE	
v.		CASING & TUBING SIZE OR ALLOWABLE (Test must be a	DEPTH SE	T ne of load oil a	SACKS CE	
v.	TEST DATA AND REQUEST FOOIL WELL	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de	DEPTH SE J fter recovery of total volume, pth or be for full 24 hours	ne of load oil a	SACKS CE	
v.	HOLE SIZE TEST DATA AND REQUEST FO	CASING & TUBING SIZE OR ALLOWABLE (Test must be a	DEPTH SE	ne of load oil a	SACKS CE	
v.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this do	I DEPTH SE	ne of load oil a	SACKS CE SACKS CE and must be equal to or s, etc.)	
v.	TEST DATA AND REQUEST FOOIL WELL	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de	DEPTH SE J fter recovery of total volume, pth or be for full 24 hours	ne of load oil a	SACKS CE	
v.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure	I DEPTH SE	ne of load oil a	SACKS CE SACKS CE and must be equal to or s, etc.)	
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v.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred. During Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure	DEPTH SE fter recovery of total volume pith or be for full 24 hours Producing Method (Flow Casing Pressure	ne of load oil a	SACKS CE and must be equal to or a, etc.) Choke Size	
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v .	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred, During Test GAS WELL Actual Pred, Test-MCF/D	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this do Date of Test Tubing Pressure Cil-Bbls.	DEPTH SE fter recovery of total voluments or be for full 24 hours. Producing Method (Flow Casing Pressure) Water-Bbls. Bbls. Condensate/MMCI	me of load oil a) , pump, gas lift	SACKS CE and must be equal to or t, etc.) Choke Size Gas-MCF	exceed top alic.
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