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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 1-1-65

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/2/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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-entry *	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. Caprock Queen Unit <u>1.39</u>	Well No. <u>5</u>	Pool Name, including Formation <u>S. Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-5666</u>
Location Unit Letter <u>E</u> ; <u>2310</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Co.</u>	<u>P. O. Box 159 - Artesia, New Mexico 88210</u>					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>E</u>	<u>30</u>	<u>15-S</u>	<u>31-E</u>	<u>No</u>	

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.
<u>X</u>				<u>*</u>				
Date Spudded <u>3-19-84 Re-enter</u>	Date Compl. Ready to Prod. <u>5-15-84</u>	Total Depth <u>3135'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>4442' Gr</u>	Name of Producing Formation <u>S. Caprock Queen</u>	Top Oil/Gas Pay <u>3106'</u>		Tubing Depth <u>3123'</u>				
Perforations <u>3106'-3123'</u>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8" OD</u>		<u>300'</u>		<u>175</u>			
<u>7 7/8"</u>	<u>5 1/2" OD</u>		<u>3138'</u>		<u>400</u>			
	<u>2 3/8" ODtbq.</u>		<u>3123'</u>					

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>5-7-84</u>	Date of Test <u>5-15-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>5</u>	Water-Bbls. <u>248</u>	Gas-MCF <u>TSTM</u>

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
May 23, 1984
(Date)

OIL CONSERVATION COMMISSION
MAY 28 1984, 19____
APPROVED _____
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 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 Form C-104 must be filed for each pool in multi-ported wells.

