

Energy, Minerals and Natural Resources Department
P.O. Box 1980, Hobbs, NM 88240

DISTRICT I
P.O. Drawer DD, Artesa, NM 88210

DISTRICT II
100 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89
See instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Union Oil Company of California Well API No. _____
Address P.O. Box 671 - Midland, TX 79702

Reason(s) for Filing (Check proper box) Change in Transporter of: Effective date of change
New Well Oil X Dry Gas 9-1-90
Recommendation Casinghead Gas Condensate
Change in Operator
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Caprock Queen Unit Tr 49 Well No. / Pool Name, including Formation 3 Caprock Queen Kind of Lease State, Federal or Fee Lease No. E-8665
Location Unit Letter C 1632.8 Feet From The West Line and 330 Feet From The north Line
Section 31 Township 15-S Range 31-E 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. 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	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
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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 100 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 (puck, 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 7-24-90 Title (915) 682-9731
Date Telephone No.

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.