

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION FOR PRODUCTION OF OIL AND NATURAL GAS, ETC.

Supersedes Old C-104 and C-110
Effective 1-1-65

JUN 9 1 23 AM '69 JUN 25 2 37 PM '69

I. Operator
Union Oil Company of California
Address
P.O. Box 671, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Tract 54 Well No. 16 Pool Name, Including Formation Caprock Queen Kind of Lease State, Federal or Fee Fee Lease No.
South Caprock Queen Unit
Location
Unit Letter P : 330 Feet From The South Line and 330 Feet From The East
Line of Section 28 Township 14 Range 31, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Co. Address (Give address to which approved copy of this form is to be sent)
Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
Phillips Bldg., Odessa, Texas 79761
If well produces oil or liquids, give location of tanks. Unit D Sec. 17 Twp. 15 Rge. 31 Is gas actually connected? Yes When 2-28-62

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.
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 (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)
OIL WELL
Date First New Oil Run To Tanks 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 (pitot, 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.
John M. Tyler John Tyler
(Signature)
District Production Superintendent
(Title)
June 6, 1969
(Date)
OIL CONSERVATION COMMISSION
APPROVED JUN 10 1969
BY [Signature]
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 Forms C-104 must be filed for each pool in multiply completed wells.