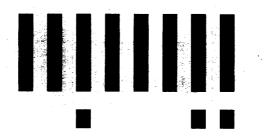
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- DISTRIBUTIO			
SANTA FE			
FILE			
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LAND OFFICE			
IRANSPORTER	OIL		
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-	SANTA FE	ON		HEW	MEXICO OIL				SIOi		Form C-104 Supersedes Old C-104 and C-110				
}	FILE					REQUES		N ALLU			ctive 1-1-65				
-	U.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
t	LAND OFFICE			1	.0										
Ī	IRANSPORTER	OIL													
ļ		GAS													
-	OPERATOR														
1.	PRORATION OF I	FICE		L			· · · · ·								
	Union Oil Company of California Address P.O. Box - 671 - Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Changing Transporter														
												r			
	New Well Change in Transporter of: Recompletion Oil Dry Gas Navajo Crude Oil Purchasing Company											n=			
	Change in Ownershi	,			nead Gas	Con	ndensat			Date Oct			Ty .		
ı															
	If change of owner: and address of pre														
**	DESCRIPTION C	SE WELL	I AND	LEASE					_						
11.	Lease Name	JF WELL	Tr.		o. Pool N	lame, Including	g Form	nation	l l	Kind of Lease			Lease No.		
	So. Caprock	Queen	Unit	12		Caprock (Quee:	n		State, Federal'	or ree F	ee			
	Location	_	0.0						<i>(</i>	5 · 5 · m	50	uth			
	Unit Letter		:9	70 Feet F	rom The_	West	Line a	ind	050	_ Feet From T	ne	<u>u 011</u>			
	Line of Section	33	Tov	wnship]) S	South	Range	31	East	, NMPM,		Chaves		County		
1															
II.	DESIGNATION O	F TRA	NSPOR'	TER OF O	L AND Condense	NATURAL Telephone	GAS	didress (G	ive address to	which approv	ed copy of th	is form is to h	e sent)		
				~			N	orth F	reeman A	venue-Art	esia. N	ew Mexic	0 88210		
	Navajo Crud Name of Authorized	de UII Transpor	ter of Ca	singhead Gas	Y or	Dry Gas	A	Address (C	ive address to	which approv	ed copy of th	is form is to b	be sent)		
			No	ONE						NONE					
	If well produces oil	or liquid	3,	1 7 7		rwp. Rge.		s gas acti	nally connecte	d? Whe					
	give location of tan			0 ;		<u>15-s 31-</u>				aumhee:					
	If this production i		ngled wi	th that from	any otne	r lease or po					r=-	10 5.4	15/4 Banks		
	Designate Ty		ompleti	on (X)	Oil Well	Gas Wel	.I N	lew Well	Workover	Deepen	Plug Back	Same Hestv.	. Diff. Res'v.		
		be or a	- Inpicti	Date Compi	Beady t	o Prod.	<u> </u>	Total Dept	h		P.B.T.D.	<u>. </u>	<u> </u>		
	Date Spudded			Date Comp.		o									
	Elevations (DF, RF	KB, RT, G	R, etc.j	Name of Pr	oducing F	ormation	7	Top Oil/G	as Pay		Tubing Dep	yth .			
											Denth Cast	th Casing Shoe			
	Perforations														
		. <u></u>		TUBIN	G, CASING,	AND C	CEMENT	ING RECOR	0						
	HOLE	CASI		BING SIZE			DEPTH SE		SACKS CEMENT						
															
V.	TEST DATA AN	ND REQ	UEST F	OR ALLO	VABLE	(Test must	be afte	r recover	of total volu	ne of load oil	and must be	squal to or exc	ceed top allow-		
•	OIL WELL					able for thi	s dept	h or be fo	full 24 hours	, pump, gas lif	t, etc.)		···		
	Date First New Oil Run To Tanks Date of Test														
	Length of Test			Tubing Pre	SSUTO			Casing Pr	esswe		Choke Size	Choke Size			
							<u> </u>	Water - Bb			Gas - MCF	Gas - MCF			
	Actual Prod. During Test Oil-Bbls.							W4.01 - 22							
						<u>,,</u>				·. · ·					
	GAS WELL										Complex	Condensate			
	Actual Prod. Test	-MCF/D		Length of	Test		1	Bbis. Con	densate/MMC!		Gravity of	Condensate			
	Testing Method (p	itot, back	pr.)	Tubing Pre	sawe (S)	hut-in)		Casing Pr	essure (Shut	-in)	Choke Size	•			
															
ΥI	CERTIFICATE	OF CO	MPLIAN	NCE			-		OIL	CONSERVA	TION CO	MMISSION			
APPROVED										<u> </u>	9				
	above is true and complete to the best of my knowledge and belief. (Signature) District Production Superintendent. (Title)							BY Orig. Signed by John Runyan Geologist							
								TITLE Geologist							
								This form is to be filed in compliance with RULE 1104.							
								If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation							
								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.							
	October 2, 1974								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.						
	(Date)							well no	ime or numbe	r, or transpor	ter or other	ancu cumika	Or Condition		
	-								Separate Forms C-104 must be filed for each pool in multiply completed wells.						







Job separation sheet

	SANTA FL	-	~···	RE	EQUI	İST	 ΓΟR	ALLO	WABLE	-		ou dans est car		
	U.S.G.S.	-{				-	NΛ	D			Effective 1-	1-65		
	LAND OFFICE	- AU	HORIZ	ALIM	8143	D##	Met.	8.E. &	IF VND I	(ATURAL'C	SAS 3 OFFICE O	0 -		
	TRANSPORTER OIL			hii	0	1	_		_	JUN	28 2 33 PH	J. C.		
	GAS]		JUN	J	i	25	AM '6!	3	-74	LU 2 33 PH	°Cn .		
	OPERATOR	-									• • • •	03		
1.	PRORATION OFFICE Operator	J												
	Union Oil Compan	y of Ca	lifor	nia						•				
	Address													
	P.O. Box 671, Mi		Texas	7970	01									
	Reason(s) for filing (Check proper box					•		Ot	her (Please	explain)				
	New Well	Oil	ge in Trai	nsporter o		ty Ga		¬				•		
	Change in Ownership		ghead Go			onder	ř	=			•			
										· · · · · · · · · · · · · · · · · · ·				
	If change of ownership give name and address of previous owner													
						•								
11.	Lease Name Tract 67	LEASE Well	No. Poo	l Name, It	ncludi	ing F	ormatic	on.		Kind of Lease	9	Lease No.		
	Lease Name Tract 67 South Caprock Queen Uni	1	1	Capi						State, Federa	lor Fee Fee			
	Location													
	Unit Letter L ; 99	O Feet	From Th	e_Wes	it	_Lin	e and _	16	50	Feet From 7	rhe South			
			7 li				21	,			Chaves			
	Line of Section 33 Tov	wnship	14	F	Range		31		, NMPM,	····	Onaves	County		
III.	DESIGNATION OF TRANSPORT	TER OF C	IL AN	D NATU	JRAL	. GA	S				•			
	Name of Authorized Transporter of Oil			sate [Addr	-			ved copy of this form	is to be sent)		
	Navajo Refining Co.	 								w Mexico	88210 ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas Phillips Petroleum		s [_]	or Dry Go	الــا عد		Adar							
			Sec.	Twp.	P.ge	·,	Is ga		ly connecte		ssa, Texas 79761			
	If well produces oil or liquids, give location of tanks.	D	17	1.5	1	31			Yes	į	2 2862			
	If this production is commingled wit	th that from	n any oth	her lease	or p	001,	give c	omming	gling order	number:		,		
IV.	COMPLETION DATA										Tolue Beak I Same I			
	Designate Type of Completion	on - (X)	Oil We	1 i G	ias We	911	New	Mell .	Workover	Deepen	Plug Back Same	Hes.v. Diff. Res.v.		
	Date Spudded	Date Comp	ol. Ready	to Prod.			Total	Depth		-i	P.B.T.D.	i		
										•				
	Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing	Formatio	n		Top (Oil/Gas	Pay		Tubing Depth			
							<u> </u>				Depth Casing Shoe			
	Perforations										Depth Casing Shoe			
			TUBII	NG. CAS	ING.	AND	CEM	ENTIN	G RECOR	D	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	HOLE SIZE								DEPTH SE		SACKS CEMENT			
							ļ							
							 	 						
		ļ								·	 			
v.	TEST DATA AND REQUEST FO	OR ALLO	WARLE	Test	must	be a	iter rec	overy o	f total volum	ne of load oil	and must be equal to	or exceed top allows		
• •	OIL WELL able for this c						ep:h or be for full 24 hours) Producing Mothod (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tanks	Date of Te	est				Prod	ucing Me	othod (Flow	, pump, gas lif	(i, etc.)			
	Length of Test	Tubing Pressure						ng Press	oturo		Choke Size			
	Longin of 1221							•						
•	Actual Prod. During Test	Oil-Bbls.					Water	-Bbls.		×	Gas-MCF			
•		<u> </u>					İ				<u> </u>			
	OAC WELL		•											
	GAS WELL Actual Prod. Test-MCF/D	Length of	Test				Bbls.	Conder	reate/MMCF		Gravity of Condense	ate		
	Testing Method (pitot, back pr.)	Tubing Pro	3) osusac	hut-in	}		Cost	q Press	oure (Shut-	(ak	Choke Size			
		L	·				<u> </u>				<u> </u>			
VI.	CERTIFICATE OF COMPLIANC	CE					OIL CONSERVATION COMMISSION							
	to the country that the end of the country to the c							APPROVED III 1920 19						
	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 Tyler (Signature) District Production Superintendent (Title) June 6, 1969													
								This	form is to	be filed in c	compliance with RU	LE 1104.		
							If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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,							
	(Da					,	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.						