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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

10885 OFFICE O.C.C.

New Well
Recompletion

AUG 31 8 57 AM '64

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas

August 28, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Union Oil Co. of Calif., South Caprock Queen Unit-Tr. 10, Well No. 1-9, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 9, T. 15-S, R. 31-E, NMPM, Caprock Queen Pool

Unit Letter

Chaves

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

130' FNL & 1305' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	341.56	225
4-1/2"	3195.83	300
2" EUE	3117.78	-

County. Date Spudded 7-28-64 Date Drilling Completed 8-2-64

Elevation 4412 K.B. Total Depth 3208 ~~xxx~~ ETD-3185'

Top Oil/Gas Pay 3145 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 3149 - 3155'

Open Hole Depth Casing Shoe 3208 Depth Tubing 3128

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 59 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 gals. reg. acid.

Casing Press. 30# Tubing Press. - Date first new oil run to tanks 8-16-64

Oil Transporter Continental Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: This well is within the waterflood project area.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

Union Oil Company of California
(Company or Operator)

By: C. J. D. Drifm (Signature)

By: _____

Title: Production Clerk

Send Communications regarding well to:

Title: _____

Name: Union Oil Company of California

Address: 619 West Texas Ave., Midland, Texas

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Union Oil Company of California				Lease South Caprock Queen Unit - Tract 10		Well No. 1-9
Unit Letter A	Section 9	Township 15-S	Range 31-E	County Chaves		
Pool Caprock Queen				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks			Unit Letter F	Section 17	Township 15-S	Range 31-E
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company				Address (give address to which approved copy of this form is to be sent) P. O. Box 410, Artesia, New Mexico		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Phillips Petroleum Company			Date Connected 8-16-64	Address (give address to which approved copy of this form is to be sent) Phillips Gasoline Plant Buckeye, New Mexico		

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate . ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 28th day of August, 19 64.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

A. S. Difer

Production Clerk

Union Oil Company of California

619 West Texas Ave., Midland, Texas