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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUL 7 2 33 PM '66

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

I. Operator  
UNION OIL COMPANY OF CALIFORNIA  
Address  
P. O. Box 671 Midland, Texas

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)  
This change of Operator will be effective July 1, 1966

If change of ownership give name and address of previous owner  
C. W. TRAINER P. O. Box 1100 Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hume Queen Unit	Well No. 1	Pool Name, including Formation Hume Queen	Kind of Lease State, Federal or Fee	State State	Lease No.
Location Unit Letter J ; 1980 Feet From The South Line and 1650 Feet From The East Line of Section 7 Township 16-S Range 34-E , NMPM, Lea 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. & Union Oil Co. of Calif.				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 8	Twp. 16-S	Rge. 34-E	Is gas actually connected? When Yes 5/1/1963 Lovington, N.M.

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod. 12/23/59	Total Depth 3984	P.B.T.D. 3958					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Hume - Queen	Top Oil/Gas Pay 3924	Tubing Depth					
Perforations 3924 - 3944	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8	352	
	5 1/2	3983	200

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 top allowable for this depth or be for full 24 hours)

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.

Union Oil Company of California

D. R. Bell

(Signature)

Area Production Superintendent

(Title)

July 1, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

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 multiple completed wells.