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

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE PERMITS O. C. C.  
 AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 7 2 45 PM '66

**I. OPERATOR**

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<br><u>Hume Queen Unit</u>  | Well No.<br><u>9</u> | Pool Name, including Formation<br><u>Hume Queen</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No. |
| Location<br>Unit Letter <u>B</u> ; <u>2310</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>North</u> |                      |   |   |           |
| Line of Section <u>17</u> Township <u>16-S</u> Range <u>34-E</u> , NMPM, Lea County                                     |                      |   |   |           |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
This is a water injection well

Name of Authorized Transporter of Casinghead Gas  or Dry Gas

If well produces oil or liquids, give location of tanks: \_\_\_\_\_

Unit: \_\_\_\_\_ Sec.: \_\_\_\_\_ Twp.: \_\_\_\_\_ Rge.: \_\_\_\_\_

Is gas actually connected? \_\_\_\_\_ When: \_\_\_\_\_

**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.<br><u>4/30/63</u>       | Total Depth<br><u>4010</u>     | P.B.T.D.<br><u>3970</u>          |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation<br><u>Hume - Queen</u> | Top Oil/Gas Pay<br><u>3961</u> | Tubing Depth                     |
| Perforations<br><u>3961 - 3966</u> |  |                                | Depth Casing Shoe<br><u>4010</u> |

**TUBING, CASING, AND CEMENTING RECORD**

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET   | SACKS CEMENT |
|-----------|----------------------|-------------|--------------|
|           | <u>8 5/8</u>         | <u>267</u>  | <u>225</u>   |
|           | <u>4 1/2</u>         | <u>4010</u> | <u>150</u>   |

**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 multiply completed wells.