NO. OF COPIES RECI			
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSFORIER	GAS		
OPERATOR			
PRORATION OF	PRORATION OFFICE		

ľ	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	F C 104	
ļ	SANTA FE		_	Form C-104 Supersedes Old C-104 and C-110	
Ì	FILE	REQUEST FOR ALLOWABLE OF G. C. C. ANDHORES OF ALLOWABLE OF G. C. C. ANDHORES OF AUTHORIZATION TO TRANSPORT OIL AND NATIPIE ALLOWABLE OF G. C. C. C. AND NATIPIE ALLOWABLE OF G. C.		Effective 1-1-65	
Ì	U.S.G.S.			Δ \$	
	LAND OFFICE	AOTHORIZATION TO TRA	101 017 017 120 135 141 1410		
JUL 1					
į	TRANSPORTER GAS				
	OPERATOR				
I.	PRORATION OFFICE				
Operator					
	UNION OIL (COMPANY OF CALIFORNIA			
	Address				
P. O. Box 671 Midland, Texas Reason(s) for filing (Check proper box) Other (Please explain)					
	Recompletion	Oil Dry Gar	= 000.,00	1, 1900	
	Change in Ownership XX	Casinghead Gas Conden	isdie Lui		
	If change of ownership give name	C. W. TRAINER P.	0. Box 1100 Hobbs,	New Mexico	
	and address of previous owner	0. 11. 11.1111			
TY	DESCRIPTION OF WELL AND	LEACE			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	Hume Queen Unit	10 Hume Queer	State, Federal	or Fee State	
	Location				
	P 336	South Lin	e and Feet From T	East	
	Unit Letter;;				
	Line of Section 8 Tov	waship 16-S Range 34.	-E , _{NMPM} , Lea	County	
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent/	
	This is a water inj		Address (Give address to which approv	all come of this form is to be sent!	
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent?	
			Is gas actually connected? Whe	n	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas detailly connected?		
	give location of tanks.	<u> </u>			
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on - (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	•	5/9/63	- 3988	3987	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			3940		
	Perforations			Depth Casing Shoe	
				3987	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			050	250	
		8 5/8	250	250 60	
		5 1/2	3987	<u> </u>	
				<u> </u>	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	OH. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	Date 1 has now on stan 10 1 and				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Long or 1000				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gds-MCF	
	·				
	<u> </u>				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Challes Stee	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPL		CE	OIL CONSERVA	TION COMMISSION	
			APPROVED	, 19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				
	Commission have been complied above is true and complete to th	with and that the information given e best of my knowledge and belief.	BY_		
			1		
	Union Oil Company of California		TITLE This form is to be filed in compliance with RULE 1104.		
			11		

VI.

D. R. Bell Signature)
Area Production Superintendent

(Date)

(Title) July 1, 1966

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.