HO. OF COPIES REC	EIVED	1	
DISTRIBUTIO	ON .		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER			
OPERATOR			
PRORATION OF	ICE		
Operator			

	SANTA FE		UEST FOR ALLOWABLE  Supersedes Old C-104 and				
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	I RANSPORTER OIL						
	GAS						
	OPERATOR						
ı.	PRORATION OFFICE	]					
	Operator						
	Miller & Miller Au	ctioneers, Inc.					
	Address		76106				
	2525 Brennan Avenu		exas 76106 Other (Please explain)				
	Reason(s) for filing (Check proper box		Other (Flease explain)				
	New Weil	Change in Transporter of:		•			
	Recompletion	Oil Dry Go	7				
	Change in Ownership X	Casinghead Gas Conde	isute []				
	If change of ownership give name and address of previous owner	AGUA. INC. P. O	. Box 1978 Hobbs	s, New Mexico 88240			
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation   Kind of Leas	e Lease No.			
	Lease Name		C	or Fee State			
E	astcap Queen Pool Un	nit 17   Caprock O	ueen	State j			
		30 Feet From The South Lin	ne and 1650 Feet From	The West			
	Line of Section 27 To	wnship 14 South Range 31	East , NMPM,	Chaves County			
***	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS.				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)			
	7/200	the transfer of the second					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When				
	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						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spaces						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
				<u> </u>			
			CEMENTING RECORD	T CLOVE CENEVE			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			for a second	and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	and must be equal to be exceed top anon-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	Date 1 Max New Cas 11-11	1					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	_ •						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Langth of Tast					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	resiming Manufactions and his						
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
¥ 1.	OLDER TOTAL OF COME LANG.		1	97.49			
	I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED	1 her			
	Commission have been complied wabove is true and complete to the	with and that the intormation piven	BY	Orig. Signed by			
	above is true and complete to the	. ougt or my minutes and passes		John Kunyan			
			TITLE Geologist  This form is to be filed in compliance with RULE 1104.				
	$\partial D$ ,	, · 1 1	This form is to be filed in o	compliance with RULE 1104.			
	-1SI N.	Imberla	really a secure for allow	while for a newly drilled or deepened			
	(Sience	nture)	well, this form must be accompanied by a tabulation of the deviation				

Manager Systemica 9, (Date)

NO. OF COPIES RECI	EIVED	]		
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IRANSPORTER				
TANGE GIVE ER				
OPERATOR				

	SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS			
1.	I RANSPORTER OIL GAS  OPERATOR  PRORATION OFFICE  Operator	- - - -					
	AGUA, INC.						
	Box #198, Artesia,	New Merico 88210					
	Reason(s) for filing (Che k proper box		Other (Please explain)				
	New Well Recompletion	Change in Transporter of:  Oil Dry Go					
	Change in Ownership X	Casinghead Gas Conder	<del></del>	il 1, 1970			
	If change of ownership give name and address of previous owner	Continental Oil Company	y, Box #460, Hobbs, New	Mexico			
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name Eastcap Queen Pool Un	Well No. Pool Name, Including F	State Fede	Cease 110.			
	Location	Te laptock que		50400			
	Unit Letter N; 3	30_ Feet From TheSouth_Lin	ne and 1650 Feet From	The West			
	Line of Section 27 Tov	wnship 14 South Range	31 East , NMFM,	Chaves County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorize's Transporter of Cil	X or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)			
	Navajo Refining Compa	any singhead Gas or Dry Gas	Box #159 Artesia	New Mexico 88210 oved copy of this form is to be sent)			
	Vented	,		seed copy by two joins to so so contry			
	If well produces of cr. liquids,	Unit Sec Twp. Rge.	is gas actually connected?	hen			
	give location of tanks.	0 27 14S 31E	No				
	COMPLETION DATA	th that from any other lease or pool,					
	Designate Type of Completion	on (X)   Gas Well	New Well Workever Deepen	Plug Back   Same Res'v.   Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ol./Gas Pay	Tubing Eepth			
	Perforations	<u> </u>		Depth Casing Since			
;		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
٧.	TEST DATA AND REQUEST FOOL WELL	JR ALLOWABLE. (Test must be a able for this de	pth or be for full 24 nours)	l and must be equal to or exceed top allow-			
	Date First New Oil Run To Tan 3	Dats of Teet.	Producing Method (Flow, pump, gas	lifs, esc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actua Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF			
	, , , , , , , , , , , , , , , , , , , ,						
	CAC WELL						
	GAS WELL Actua: Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate			
			C-to Dominion (Charles)				
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE	CE .		ATION COMMISSION			
	I hereby certify that the rules and r Commission have been complied was above is true and complete to the	eguistions of the Oil Conservation with and that the information given beatwof my knowledge and belief.	BY Justie	V. Co lements			
	Mrs a a	•	TITLE Of the Green	margan or the second			
	Da B NA	AThis	[ <del> </del>	compliance with RULE 1104.			
	Sugar	ined)	well, this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation			
	Consulting Engineer	•	tests taken on the well in acco	ordance with RULE 111. ust be filled out completely for allow-			
•	(Tit	le)	able on new and recompleted w	rells.			
	March 26, 1970	:e,	Fill out only Sections I, II, III, and VI for changes of owner, well name or nur ber, or transporter, or other such change of condition.				

well name of number, or transporter, or other such changes of owner,

Separate Form C-104 must be filed for each pool in multiply
completed mails

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O'L CONSERVATION COMMI

- 1	NO. OF COPILS RECEIVED			
	DISTRIBUTION	JEW MEYICO OIL CO	ONSERVATION COMMISSI IN	Form C-104
	SANTA FE	1		Supersedes Old C-104 and C-116
	FILE	, REGUES!	FOR ALLOWARDEDEC.C.	Effective 1-1-65
	U.S.G.S.	1		_ GAS
,	LAND OFFICE		MSPORT OIL AND MOTURAL	
	TRANSPORTER GAS			
	OPERATOR			
ı	PRORATION OFFICE			
•	Operator	,		
	Continental Oil Compan	у		
	Box 460, Hobbs, New Me Reason(s) for liling (Check proper box,	xico	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil X Dry G2	s 🔲	
	Change in Ownership	Casinghead Gas Conden	isate	
	If change of ownership give name and address of previous owner	-		
II.	DESCRIPTION OF WELL AND	LEASE  Lease No.   Well No.   Pool Nar	me, Including Formation	Kind of Lease
	Eastcap Queen Pool Uni		ock Queen	State, Federal or Fee State
	Location			
	Unit Letter N ; 330	Feet From The South Lin	e and 1650 Feet Fro	om The West
	Line of Section 27 Tov	waship 14 South Range	31 East , NMPM,	Chaves County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	proved copy of this form is to be sent)
	Name of Authorized Transporter of Oil		R	
	Navajo Refining Compan		North Freeman Avenue,	Artesia, New Mexico proved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give datess to tonich ap	proved copy of this form is to be demy
	Vented	Unit Sec. Twp. Ege.	Is gas actually connected?	When
	If well produces oil or liquids, give location of tanks.	0 27 14S 31E		
	<u> </u>			
W	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give comminging order number:	
. v .			New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completion	$\operatorname{on} = (X)$		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Perforations		•	Depth edaling shee
		THA DIGINA DIGINA	CEMENTING RECORD	
	UOL E 617E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING STEE		
v.	TEST DATA AND REQUEST F	OR ALLOWAELE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
•	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, ga	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F10w, pump, ga	s uji, eic.j
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure		
	Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas - MOF
		<u> </u>		
	ALAC MINTE			
	GAS WELL, Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Actual Float Test-MOF/D	25.4		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chcke Size
V?	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION
v 2	OWENTY TOUTING OF COURT INVITED		1	

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.

m. E. Grabley
Administrative Section Chief  (Title)

June 4, 1969

NMOCC(5) File

APPROVED	JUN .	, 19	
BY O	hu w. K	unyan	
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 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.

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NMOCC (5

DISTRIBUTION SANTA FE	SANTA FE REQUEST FOR ALLOWABLE					
U.S.G.S.	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL G	AS			
LAND OFFICE		<b>bb</b>				
TRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE Operator						
Continental Oil Compa			· · · · · · · · · · · · · · · · · · ·			
Reason(s) for filing (Check proper box)	exico	Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion Change in Ownership	Oil X Dry Gas  Casinghead Gas Condens	<del>                                      </del>	-00			
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND I	EASE   Well No.   Pool Name, Including Fo	ormation Kind of Lease	T I			
Eastcap Queen Pool Un	nit 17 Caprock Que	een State, Federal	or Fee State			
Unit Letter N 330	Feet From The South Line	e and 1650 Feet From T	The West			
Line of Section 27 Tow	mship 145 Range	31E , NMPM, Cha	Ves County			
III. DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ved copy of this form is to be sent)			
Continental Pipeline 'Name of Authorized Transporter of Cas		North Freeman Ave Address (Give address to which approx	Artesia New Mexico			
Name of Authorized Transporter of Cas	Inghead Gas Of Dry Gas	Tradition (Over all and a second				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en			
give location of tanks.	NO 27 14S 31E	No				
If this production is commingled wit  IV. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·	Plug Back   Same Res'v. Diff. Res'v.			
Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Connection					
Perforations			Depth Casing Shoe			
		CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow			
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours)  Producing Method (Flow, pump, gas li				
Date First New Oil Hun To Tanks	Date of Teat					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
CACAUTY						
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 COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION			
		APPROVED	<u>E </u>			
	regulations of the Oil Conservation with and that the information given					
above is true and complete to the	e best of my knowledge and belief.					
		11156				
			compliance with RULE 1104. wable for a newly drilled or deepened			
(Sign	acture)	well, this form must be accomply	anied by a tabulation of the deviation or the deviation or the deviation of the deviation o			
Staff Supervisor	itle)	All sections of this form m	ust be filled out completely for allow relia.			
7-28-66		Till out only Sections I	II, III, and VI for changes of owner rter, or other such change of condition			
(2	ate)	Separate Forms C-104 mus	st be filed for each pool in multiply			
NMOCC (5 SW F	ILE	completed wells.				







**Job separation sheet** 

NUMBER OF COPIES RECEIVED				
DIS	TRIBUTI	ON		
BANTA FE		L		
FILE				
U. S. G.S.				
LAND OFFICE	-			
0				
TRANSPORTER	GAS			
PRORATION OFFI	: E			

## NEW MEXICO OIL CONSERVATION COM. 310N

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTOFORDE C. C. TO TRANSPORT OIL AND NATURAL GAS.

TO TRANSPORT OIL AND NATURAL GAS									
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE ATT UJ									
Company Continental	L Cil Con	ipany					Eastcap Quee	n rool Unit	Well N17
Unit Letter	Section 7	Township	148	Range	A,	31E	Counthaves		
Pool Caprock 4ue	en				-		Kind of Lease (State	, Fed, Fee)	
If well produce give loc	es oil or conde		Unit Let	ter	M S	ection.	Township.	Range	31E
Authorized transporter of oil or condensate Address (give address to which approved copy of this form is to be sent)									
Texas New 1	iexico Fi	ipe Line Co.				Box 1	510, Midland,	Texas	
		Is Gas Ac	tually C	onnecte	d? Ye	s	No_I		
Authorized transporter of	casing head g	as or dry gas [	Date	Con- ed	Address	(give ada	iress to which approv	ed copy of this form :	is to be sent)
If gas is not being sold, g		nd also explain its j	present di	sposition:					
is being fl	lared.								
	<del> </del>	REASO	N(S) FOR	FILING	(please	check pi	oper box)		
	New Well	• • • • • • • • • • • • •			Change	in Owne	rship	🗀	
		an sporter (check one			Other (	explain b	elow) assass	X	
		ad gas . 🖂 Cond			C	hange	in operator	and well des	ignation
							-		-
Remarks		····							
This well v	as form	orly the Guli	coil	Corp.	Chaves	State	e "D" No. 2.		
The Eastcap	p Queen F	Pool Unit be	came e	ffecti	ve on	10-1-	63 and Contin		
Pool Unit P		the unit of	J TT-T	<b>-</b> 0∫,	TUTE A	ela n	as been redes	ignated as t	astcap <i>ueen</i>
		n 1	d	h- 0!! C			ieeian hawa baar -	complied with	
The undersigned certifi	ies that the	Rules and Regular 27	nons ói t	ae on Co	Noven		63	ompired with.	
	Executed		_ day of _			ne1			
	ONSERVAT	ION COMMISSION			Ву	9			
Approved by					Tide	Z/s	fare	l,	
111							t. Dist. Supt	•	
Thie					Compan	Con	tinental Oil	Company	
Date			_	<u></u>	Address				
TEA (	18FE.						460, Hobbs,	N. M.	
HMCCC (A)	STO SH	ABS PARTNI	363 (5	) FIL	<u> </u>				