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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE

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

AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WELL NO. 5  
 SECTION 27  
 TOWNSHIP 14 SOUTH  
 RANGE 31 EAST  
 COUNTY CHAVES

I. Operator  
 Continental Oil Company  
 Address  
 Box 460, Hobbs, New Mexico  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name: Eastcap Queen Pool Unit    Lease No.:    Well No.: 5    Pool Name, including Formation: Caprock Queen    Kind of Lease: State, Federal or Fee    State: \_\_\_\_\_  
 Location  
 Unit Letter: B    ;    990    Feet From The: North    Line and    1651    Feet From The: East  
 Line of Section: 27    Township: 14 South    Range: 31 East    , NMPM,    Chaves    County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
 Navajo Refining Company    Address (Give address to which approved copy of this form is to be sent)  
 North Freeman Avenue, Artesia, New Mexico  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 Vented    Address (Give address to which approved copy of this form is to be sent)  
 If well produces oil or liquids, give location of tanks.    Unit: 0    Sec: 27    Twp: 14S    Rge: 31E    Is gas actually connected? No    When

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    Gas Well    New Well    Workover    Deepen    Plug Back    Same Rest'v.    Diff. Rest'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 Oil/Gas Pay    Tubing Depth  
 Perforations    Depth Casing Shoe  
 TUBING, CASING, AND CEMENTING RECORD  
 HOLE SIZE    CASING & TUBING SIZE    DEPTH SET    SACKS CEMENT

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    Casing Pressure    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.  
 M. E. Goodley (Signature)  
 Administrative Section Chief (Title)  
 June 4, 1969 (Date)  
 NBOCC(5) File

OIL CONSERVATION COMMISSION  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY: John W. Rungyan Geologist  
 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.