NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLIDWABLE	Supersedes Old C-104 and C-11
FILE	1126		Effective 1-1-65
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSFER PROPERTY NATURAL GAS		
TRANSPORTER GAS	0000		
OPERATOR			
PRORATION OFFICE	* 1	in.	
Continental Oil Con	npany		
Box 460, Hobbs, New	/ Mexico		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil X Dry Ga	=	-1- 66
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease
Eastcap Queen Pool	Unit 2 Ca	prock Queen	State, Federal or Fee Fee
Location	•	•	
Unit Letter L ; 16	50 Feet From The South Lin	ne and 330 Feet From T	The West
Line of Section 23 To	ownship 145 Range	31E , NMPM,	Chaves County
II. DESIGNATION OF TRANSPOR		Address (Give address to which approx	and convent this form is to be conti
Name of Authorized Transporter of O	or Condensate		
Continental Pipelin Name of Authorized Transporter of C	e Company asinghead Gas or Dry Gas	North Freeman Ave. Address (Give address to which approx	Artesia New Mexico
į daras ir salas ir s	dsinghedd Gds - or Dry Gds -	Address (Give address to which approx	rea copy of this form is to be sent;
Vented TSTM	100	Is gas actually connected? Whe	
1	Unit Sec. Twp. Rge.	is das actually connected? . whe	·m
If well produces oil or liquids,		, g	
If well produces oil or liquids, give location of tanks.	0 # 2723 14S 31E	No	
give location of tanks. If this production is commingled w	O # 2723 14S 31E with that from any other lease or pool,	No	
give location of tanks.		No	Plug Back Same Res'v. Diff. Res'v.
give location of tanks. If this production is commingled w	oith that from any other lease or pool,	No give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
give location of tanks. If this production is commingled w. V. COMPLETION DATA	oith that from any other lease or pool,	No give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
give location of tanks. If this production is commingled w. COMPLETION DATA Designate Type of Complet	ion — (X)	No give commingling order number: New Well Workover Deepen]
give location of tanks. If this production is commingled w. COMPLETION DATA Designate Type of Complet	ion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	No give commingling order number: New Well Workover Deepen]
give location of tanks. If this production is commingled w. IV. COMPLETION DATA Designate Type of Complet Date Spudded	ion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deepen Total Depth	P.B.T.D.
give location of tanks. If this production is commingled w. IV. COMPLETION DATA Designate Type of Complet Date Spudded	ion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deepen Total Depth	P.B.T.D.
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VI.

	SIGNED HALK	STEEL COST.
		(Signature)
Staff	Supervisor	
		(Title)

7-28-66 NMOCC (5)

SW

(Date) FILE 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.