			-			
	NO. OF COPIES RECEIVED					
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE	-	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
		-				
	TRANSPORTER OIL	-				
	GAS	1				
	OPERATOR	-				
1.	PRORATION OFFICE					
	AGUA, INC.					
Box #198, Artesia, New Mexico 88210 Reason(s) for filing (Che.k proper box) Other (Please explain)						
	New Well	Change in Transporter of:				
		Oil Dry Ga				
				1 1 1070		
	Change in Ownership XX Casinghead Gas Condensate Effective April 1, 1970					
If change of ownership give name						
	ad address of previous owner Continental Oil Company, Box #460, Hobbs, New Mexico 88240					
11						
	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease L					
	Eastcap Queen Pool Unit	t 15 Caprock Quee	State, Federa	or Fee		
	Location	L IS Caprock Quee		State		
	Unit Letter P ;	660_Feet From TheSouth_Lin	e gad660 Feet From '	The East		
				_		
	Line ci Secti, r 27 Tow	vnship 14 South Range	31 East , NMEM, Char	VesCounty		
			0			
ш.	Name of Authorizen Transporter of Cil	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)		
	Navajo Refining Comp	Dany Singhead Gas or Dry Gas	Box #159, Artesia, 1 Acdress (Give address to which approx	ved covy of this form is to be sent.		
	Vented	Unit Sec Twp. Rge.	is gas actually connected? Whi	an		
	If well produces of cr. lquids,	i i i i i i i i i i i i i i i i i i i	is justicitually connected?			
	give location of tanks.	0 27 14S 31E	No			
	If this production is commingied with 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 Completio					
		Date Compl. Ready to Prod.	Total Lepth	P.B.T.D.		
	Date Spudded	Date Compt. Heady to Prod.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ol./Gas Pay	Tubing Lepth		
	Lievalions (DP, AKB, KT, CK, etc.)					
	Perforations		L	Depth Casing Since		
	Ferriditions					
TUBING, CASING, AND CEMENTING RECORD				······································		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	V. TEST DATA AND REQUEST FOR ALLOWAR'S (Test must be after recovery of total volume of load oil and must be equal to or exc					
••	able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tau 1	Dats of Teen	Producing Method (Flow, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			<u> </u>			
	Actua Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF		
	GAS WELL					
	Actua Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate		
			ļ			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-in)	Choke Size		
		1				
VI.	CEBUINCATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION		
	and the state of t			1070		
	I hereby certify that the rules and r	eguistions of the Oil Conservation	APPROVED	, 19		
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	By Leglin H. 1° Vernonta			
	above is true and complete to the best of my knowledge and belief.		BY Relation			
	- 18					
		1 1				
	Rainly I gram		This form is to be filed in compliance with RULE 1104.			
		Lang	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			
	(Signature)		tests taken on the well in accordance with RULE 111.			
	Consulting Engineer.		All sections of this form must be filled out completely for allow-			
		<i>νει</i>	able on new and recompleted we			
	March 26, 1970		Fill out only Sections I, II, III, and VI for changes of owner, well name of number, or transporter, or other such change of condition.			
	5 L K		Well fame of nur bei, or transporter, or other such change of condition.			

Fill out only Sections I, II, III, and VI for changes of owner, well name of number, or transporter, or other such change of condition. Separate Forme C-104 must be filed for each pool in multiply completed works • · ·

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OL CONSERVATION CLUDE NOBES, N. M.

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J.	NO. OF COPILS RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE TRANSPORTER OIL Y GAS OPERATOR PRORATION OF FICE Operator		FOR ALLOWABLE CE C. C. C AND AND HIBBS BLE CE C. C. C AND HIBBS BLE CE C. C. C ANSPORT OIL AND NATHER JUNIT OF 44	Form C-104 Supersedes Old C-10‡ and C-110 Effective 1-1-65 GAS		
	Address Box 460, Hobbs, New Me Reoson(s) for filing (Check proper box New We!1 Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil X Dry Ga Casinghead Gas Conder	Other (Plcase explain)			
• •	and address of previous owner	· · · · · ·		,		
11.	DESCRIPTION OF WELL AND Lease Name Eastcap Queen Pool Uni Location Unit Letter P; 66	Lease No. Well No. Pool Na	me, Including Formation WOCK Queen ne and <u>660</u> Peet From	Kind of Lease State, Federal or Fee State		
	Line of Section 27 To	wnship 14 South Range	31 East , NMPM, C	haves County		
α.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oll Navajo Refining Compan Name of Authorized Transporter of Car Vented	y and a	Address (Give address to which appr North Freeman Avenue, Address (Give address to which appr	oved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. 0 27 145 31E		hen		
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		······································		
	Designate Type of Completic Date Spudded	on - (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	Plug Back Same Res'v. Diff. Res'v.		
-	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe		
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top OIL WELL able for this depth or be for full 24 hours) Date First New Oll 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 - MOF		
l						
[GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pilot, back pr.)	Tublug Pressure	Casing Pressure	Choke Size		
I. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION			
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.			APPROVED, 19, 19 BY TITLE TITLE			
-	Administrative Section		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 allow-			
(Title) June 4, 1969 (Date)			able on new and recompleted wells. Fill out only Sections I. II, III, and VI for changes of own well name or number, or transporter, or other such change of conduct			

NHOCC(5) File

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multiple completed wells.