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]	NO. OF COPIES RECEIVED			
	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
1.	PRORATION OFFICE			
-•	Operator			

DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CO	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAN	AS			
TRANSPORTER GAS	AUTHORIZATION TO TRANSPORT OIL AND MALBRAL GAS				
OPERATOR PRORATION OFFICE	<u></u>				
Continental Oil Compa	any				
Box 460, Hobbs, New 1	Mexico				
Reason(s) for filing (Check proper box)		Other (Please explain)			
Recompletion Change in Ownership	Oil X Dry Gas Casinghead Gas Condens		-66		
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
Eastcap Queen Pool Un	nit 13 Caprock Que	State, Federa	or Fee State		
Unit Letter J; 16	50 Feet From The South Line	e an 2 310 Feet From 7	The East		
Line of Section 27 Tow	vnship 145 Range 3]	1E , NMPM,	Chaves County		
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	ued conv of this form is to be sent)		
Name of Authorized Transporter of Oil Continental Pipeline	Company	1	Artesia. New Mexico		
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro-	ped copy of this form is to be sent)		
Vented If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en		
If this production is commingled with IV. COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
Designate Type of Completic		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.		
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 F	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-MCF		
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	CERTIFICATE OF COMPLIANCE		ATION 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			
above to the end company	·	TITLE			
WILED HALL STEPP	$W_{ m P}$	This form is to be filed in compliance with RULE 1104.			
	nature)	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.			
Staff Sunervisor					
7-28-66	itle)	able on new and recompleted w	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.		
(L	Date) FILE	Separate Forms C-104 must be filed for each pool in multiply completed wells.			