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DISTRIBUTE	011	-
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ILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	ICE	

## EW MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ILE	- KEGOLOT	IANDES OFFICE O. C. C.	Effective 1-1-65
J.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRA	NNSPORT OIL AND NATURAL G	SAS .
TRANSPORTER GAS	-	Jun 11 8 44 AM '69	
OPERATOR	1		
PRORATION OFFICE Operator			
Continental Oil Compan	у		
Address Roy 1160 Hobbs Nov Mo	vio		•
Box 460, Hobbs, New Me Reason(s) for liling (Check proper box		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil X Dry Ga	as 🔲	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND		4	
Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease
Eastcap Queen Pool Uni	t 9 Capr	ock Queen	State, Federal or Fee State
	10 Feet From The North Lin	ne and 2310 Feet From 1	The West
			aves County
Eme of Section 2.7			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address to which approve	ved copy of this form is to be sent)
Navajo Refining Compan	у	North Freeman Avenue, A	rtesia, New Mexico
Name of Authorized Transporter of Ca Vented	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
give location of tanks.	0 27 14S 31E		
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completie	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res
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		<u>.</u>	Depth Casing Shoe
Petrorations			
UOL E 5175	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	OLI III OLI	
	OR ALLOWADLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
•			
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	This is a state of the state of	Cagina Brassura	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chore dize
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
I havely possify that the outer and	regulations of the Oil Conservation	APPROVED	133, 19
Commission have been complied to	with and that the information given a best of my knowledge and belief.	BY John u	Kunsm
above to true and complete to the			
		TITLE Geologist	

June 4, 1969 NHOCC(5) File

Administrative Section Chief

(liste)

If this is a request for allowable for a newly drilled or despend 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 cendities

Separate Forms C-104 must be filed for each pool in multiple completed wells.

NO. OF COPIES REC	EIVED	İ	
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	GAS		
OPERATOR			
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	DISTRIBUTION		ONSERVATION COMMISSI		
	FILE	REQUEST I	FOR ALLOWABLE AND	Supersedes Old C. Effective 1-1-6	d C-104 and C-110 55
Ì	U.S.G.S.	AUTHORIZATION TO TRA		IRAL GAS	
	LAND OFFICE	AUTHORIZATION TO TRA	7 Jul 27 2 30 M	ללי	
	TRANSPORTER GAS				
}	OPERATOR				
1.	PRORATION OFFICE	***			
	Continental Oil Comp	any			
	Box 460, Hobbs, New	Mexico			
	Reason(s) for filing (Check proper box)		Other (Please expla	in)	
	New Well	Change in Transporter of:	Effect	ive 8-1-66	İ
	Recompletion Change in Ownership	Oil X Dry Gas Casinghead Gas Conden	$\overline{}$	146 9-1-00	
ì					
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	State	of Lease	Lease No.
	Eastcap Queen Pool L	Init 9   Caprock Que	een	Federal or Fee State	
		.0 Feet From The North Line	e and <b>2310</b> Fe	et From The West	
					County
	Line of Section 27 Tow	mship 145 Range	31E , NMPM,	Chaves	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to whi	ch approved copy of this form is	to be sent)
	Continental Pipeline Name of Authorized Transporter of Cas	Company	North Freeman	Ave Artesia N ch approved copy of this form is	ew Mexico
	Vented	inighed das or 2., das			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	0 X 27 14S 31E	No	<del></del>	
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order num		
- • •	Designate Type of Completic	on - (X)	New Well Workover De	eepen   Plug Back   Same Re	s'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gus Puy	rubing Dopin	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT
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, pun	ip, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
	Actual Prod. During 1981				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat	•
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CON	SERVATION COMMISSIO	DN
	and the second second second second				, 19
	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	the state of the s	
			TITLE	filed in compliance with RUL	E 1104.
	SIGNED HAL R. 1	STEPHEN!	TE able to a segment	for allowable for a newly dril	led or deepened
(Signature)			well, this form must be	accompanied by a tabulation	of the deviation

## VI

		(Signature)	
Staff	Supervisor		
<del></del>		(Title)	

7-28-66

NMOCC (5)

SW

(Date) FILE 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. 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.