

O. OF COPIES RECEIVED		
DISTRIBUTION		
ANTA FE		
ILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator AGUA, INC.	
Address Box #198, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective April 1, 1970	

If change of ownership give name and address of previous owner **Continental Oil Company, Box #460, Hobbs, New Mexico 88240**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Eastcap Queen Pool Unit	Well No. 10	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter E	2310	Fees From The North Line and 990	Fees From The West	
Line of Section 27	Township 14 South	Range 31 East	N.M.P.M., Chaves	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Water Injection Well		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec. Twp. Rge.
		Is gas actually connected? 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 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 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 (shut-in)	Casing Pressure (shut-in)	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.

OTD 8 89A
Ralph L. Gray
(Signature)
Consulting Engineer
(Title)
March 26, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED **April 9 1970**, 19
BY **Leslie A. Clements**
TITLE **Oil & Gas Injection**

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

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILL	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PROBATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Continental Oil Company				Address Box 460, Hobbs, New Mexico			
Lease Eastcap Queen Pool Unit	Well No. 10	Unit Letter E	Section 27	Township 14-S	Range 31-E		
Date Work Performed 3-12-64	Pool Caprock Queen			County Chaves			

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain):
☐ Plugging
 ☐ Remedial Work Convert to water injection.

Detailed account of work done, nature and quantity of materials used, and results obtained.

This well was converted to a water injection well for use in the Eastcap Queen Pool Unit Waterflood. 8 5/8" casing is set @ 262' and 4 1/2" casing is set at 3114'. Casing was tested W/2000# for 30 min. on 3-12-64. Tested O.K.

Witnessed by J.R. Cook	Position Sr. Prod. Foreman	Company Continental Oil Company
---------------------------	-------------------------------	------------------------------------

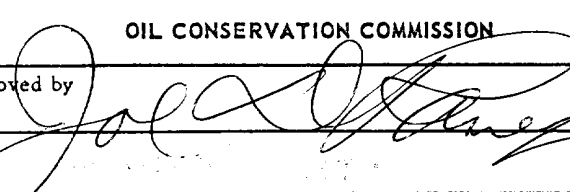
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by		Name	SIGNED: JACK MARSHALL
Title		Position	District Manager
Date	3-12-64	Company	Continental Oil Company

NMOCC-5 SLO JM GULF OIL CORP. -1 COTTAGE BAKERS-1, TP COAL & OIL- 1

NEW MEXICO OIL CONSERVATION COM. SION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

Nov 29 11 10 AM '63
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Continental Oil Company

Eastcap Queen Pool Unit

Well No. 10

Section 27

Township

Range 14S

Range

County 31E

County Chaves

prock Queen

State lease (State, Fed, Fee)

If well produces oil or condensate
give location of tanks

Unit Letter

Section

Township

Range

Authorized transporter of oil ☐ or condensate ☐

Address (give address to which approved copy of this form is to be sent)

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas ☐ or dry gas ☐

Date Connected

Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☐

Change in Ownership ☒

Change in Transporter (check one)

Other (explain below)

Oil ☐ Dry Gas ☐

Change in operator and well designation.

Casing head gas ☐ Condensate ☐

This well is carried as a temporarily abandoned well.

Remarks: This well was formerly the Gulf Oil Corp. Chaves State "D" No. 8. The Eastcap Queen Pool Unit became effective on 10-1-63 and Continental Oil Company took over as operator of the unit on 11-1-63. This well was redesignated as Eastcap Queen Pool Unit No. 10

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 27th day of November, 1963

OIL CONSERVATION COMMISSION

By

Title

Asst. Dist. Supt.

Company

Continental Oil Company

Address

Box 460, Hobbs, New Mexico

Approved by

Title

Date

NMCCG (5) SLO SW AEC PARTNERS (5) FILE