HO. OF COPIES REC	EIVED	l .	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		•
OPERATOR			
PRORATION OFFICE			

	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-11
	U.S.G.S.	ALITHOPIZATION TO TR	AND ANSPORT OIL AND NATURAL	Effective 1-1-65
	LAND OFFICE	ADTHORIZATION TO TR	ANSPORT OIL AND NATURAL	- GAS
	TRANSPORTER OIL	_		
	OPERATOR GAS	-		
ı.	PRORATION OFFICE			
••	Operator			
	Miller & Miller A	uctioneers, Inc.		
	2525 Brennan Avent		Texas 76106 Other (Please explain)	
	New Well	Change in Transporter of:	Oniei (r seuse explain)	<u>.</u>
	Recompletion	Oil Dry G	as 🔲	
	Change in Ow ership X	Casinghead Gas Conde	nsate	
	If change of ownership give name and address of previous owner	AGUA, INC. P. O.	Box 1978 Hobbs,	New Mexico 88240
11.	DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including F	ormation Kind of Le	ase Lease No.
	Eastcap Queen Poo	l Unit 6 Caprock Qu	een State, Fede	•
	Location	_	991.1	Foot
	Unit Letter A :	990 Feet From The North Lin	ne and 660 Feet From	
	Line of Section 27	Fownship 14 South Range 3	1 East , NMPM,	Chaves county
ITI.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of C	Oil or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of (Casinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		When
IV.	If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
	Designate Type of Complete	tion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	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, ANI	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	THE TABLE AND DECUEST	EOD ALLOWARIE (Test rust he	francisco of total volume of land al	il and must be equal to or exceed top allow-
V.	TEST DATA AND REQUEST OIL WELL	able for this de	pth 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
			Water - Bbls.	Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Added - Spies	
,				
1	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 COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		OCT 25 1974		
	Cindian have been complied	regulations of the Oil Conservation with and that the information given		Orig Signed by
	above is true and complete to the	he best of my knowledge and belief.	Iohn Renyan	
			TITLE Geologist	
	202	1:11		compliance with RULE 1104.
-	(Signature)		this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation
	Manager	(man, ar. 4)	ll askan as the mell is ecco	ordance with BULE III.
•		ide) 9 1974	All sections of this form m	ust be filled out completely for allow-
	<u>Septemen</u>	ta)		
	1 112	* * *		

TRIBUTION			Form C-103 Supersedes Old C-102 and C-103		
; FE	NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1-1-65		
FILE			5a. Indicate Type of Lease		
U.S.G.S.			State X Fee		
OPERATOR			5, State Oil & Gas Lease No.		
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICATI	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG BON FOR PERMIT - " (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)			
l.			7. Unit Agreement Name		
2. Name of Operator	OTHER- Water Injection		Eastcap Queen 8. Form or Lease Name		
AGUA, INC.			O W-U No		
	New Marrice 89210		9. Well No.		
Box #198, Artesia, New Mexico 88210 4. Location of Well			10. Field and Pool, or Wildcat		
UNIT LETTER A 990 FEET FROM THE North LINE AND 991.1 FEET FROM			Caprock Queen		
THE East LINE, SECTION	N 27 TOWNSHIP 14 SO	uth RANGE 31 East NMPM			
	15. Elevation (Show whether	DF, RT, GR, etc.)	12, County		
			Chaves ()		
Check A	Appropriate Box To Indicate N	ature of Notice, Report or Ot	her Data		
NOTICE OF IN	TENTION TO:	SUBSEQUEN	T REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB			
OTHER		OTHER			
 Describe Proposed or Completed Op work) SEE RULE 1103. 	erations (Clearly state all pertinent deta	rils, and give pertinent dates, including	s estimated date of starting any proposed		
This is a shut-in	well. It is proposed to	o plug and abandon as f	ollows:		
	Total Donths 21201				
	Total Depth: 3130'. Surface Casing: 8-5/8'	" 24# at 200' w/125 sx.			
	Prod. Casing: 4½" 9.5				
	Perforations: 3102-06.				
	Top of Salt: 1250'.				
Plugging Program: Set bridge plug above perforations and cap with 35' cement. Mud hole. Cut off $4\frac{1}{2}$ " casing. Place 100' cement plug at top					
	of stub. If stub is be	elow top of salt, place	100' cement plug		
at top of salt. Place 100' cement plug to straddle bottom of					
	8-5/8" casing. Cap with 10 sacks of cement. Notify Oil				
			110 011) 011		
	Commission at start of		NO 021 y 021		
18. I hereby certify that the information	Commission at start of	operations.			
18. I hereby certify that the information	Commission at start of	operations.			
18. I hereby certify that the information	Commission at start of	operations.			
SIGNED RAGIN Z	above is true and complete to the best of	operations.			
SIGNED Ragn L	above is true and complete to the best of	operations.			