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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name Eastcap Queen
2. Name of Operator AGUA, INC.	8. Farm or Lease Name
3. Address of Operator Box #198, Artesia, New Mexico 88210	9. Well No. 16
4. Location of Well UNIT LETTER O 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 14 South RANGE 31 East NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This is a shut-in well. It is proposed to plug and abandon as follows:

Total Depth: 3120'
Surface Casing: 8-5/8" 24# at 203' w/150 sx.
Prod. Casing: 5 1/2" 14# at 3120' w/100 sx.
Perforations: 3096-3101'.
Top of Salt: 1250'.

Plugging Program: Set bridge plug above perforations and cap with 35' cement. Mud hole. Cut off 5 1/2" casing. Place 100' cement plug at top of stub. If stub is below 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 Commission at start of operations.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ray D. Ramey TITLE Consulting Engineer. DATE June 26, 1974
Orig. Signed by
Joe D. Ramey
Dis. I. Surv.
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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

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	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
AQUA, INC.
Address
Box #198, Artesia, New Mexico 88210
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Effective April 1, 1970

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Eastcap Queen Pool Unit** Well No. **16** Pool Name, Including Formation **Caprock Queen** Kind of Lease **State** Lease No.
Location
Unit Letter **0** : **660** Feet From The **South** Line and **1980** Feet From The **East**
Line of Section **27** Township **14 South** Range **31 East** , N.M.M., **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Water Injection Well
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 Tank 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.
Ralph L Gray
(Signature)
Consulting Engineer
(Title)
March 26, 1970
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **Leslie J. Clements**
TITLE _____
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 Form C-104 must be filed for each pool in multiply completed wells

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**OIL CONSERVATION COMMISSION
HOBBS, N. M.**

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TRANSPORTER	OIL GAS
REGISTRATION 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. 16	Unit Letter 0	Section 27	Township 14-S	Range 31-E		
Date Work Performed 3-3-64	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

ailed 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 @ 203' and 5 1/2" casing is set at 3120'. The 2 3/8" tubing is set @ 3056' and tension packer is set at 3040'. The well is now ready for water injection.

Witnessed by J. R. Cook	Position Sr. Prod. Foreman	Company Continental Oil Company
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

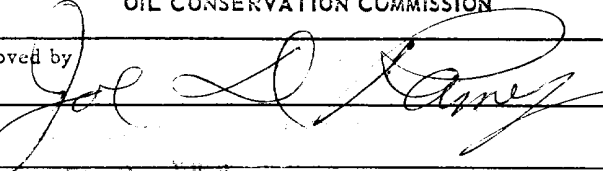
D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	

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 District Manager	Position District Manager		
Date 3-3-64	Company Continental Oil Company		

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NEW MEXICO OIL CONSERVATION COMMISSION
 SANTA FE OFFICE
 HOBBS OFFICE
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease Eastcap Queen Pool Unit		Well No. 16	
Unit Letter 0	Section 27	Township 14S	Range 31E	County Chaves			
Pool Caprock Queen				Kind of Lease (State, Fed, Fee) state			
If well produces oil or condensate give location of tanks		Unit Letter P	Section 27	Township 14S	Range 31E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company				Address (give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		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:

vented - no transporter in vicinity.

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

New Well ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate ☐

Change in Ownership ☐
 Other (explain below)

Change in operator and well designation

Remarks: **This well was formerly the Gulf Oil Corporation Chaves State "D" No. 9. 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 has been redesignated as Eastcap Queen Pool Unit No. 16.**

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

Executed this the **27** day of **November**, 19 **63**

OIL CONSERVATION COMMISSION		By	
Approved by		Title Asst. Dist. Supt.	
Title		Company Continental Oil Company	
Date		Address Box 460, Hobbs, New Mexico	