	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE TRANSPORTER OIL GAS OPERATOR PRORATION OF FICE	REQUEST F	ASERVATION COMMISSI OR ALLOWABLE AND HOERS OFFICE 0. C. C. ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 S
	Operator Continental Oil Company Address Box 460, Hobbs, New Mex Reoson(s) for filing (Check proper box) New Well Recompletion Change in Ownership	i.CO Change in Transporter of: Oti Z Dry Gas Casinghead Gas Condens	Other (Please explain)	
8	DESCRIPTION OF WELL AND L Lease Name Eastcap Queen Pool Unit Location Unit Letter <u>B</u> ; 660 Line of Section 34 Towr	EASE Lease No. Well No. Fool Nam 20 Capro Feet From The North Line	and 1980 Feet From Th	Kind of Lease State, Federal cr Fee State ne East AVES County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Navajo Refining Company Name of Authorized Transporter of Casi Vented If well produces oil or liquids, give location of tanks.		Address (Give address to which approve North Freeman Avenue, Ar Address (Give address to which approve Is gas actually connected?	et copy of this form is to be sent)
JV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Oil Well Gas Well	give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back   Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shee
	Perforations HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>v</b> .	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	DR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Ott-Bbis.	fter recovery of total volume of load oil of pth or be for full 24 hours) Producing Method (Flow, pump, gas lif Casing Precsure Water-Bbls.	and must be equal to or exceed top allow- (t, etc.) Choke Size Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure	Bbis, Condensate/MMCF Casing Prossure	Gravity of Condensate Choke Size
VI	I. 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.		BYGeologist TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffied or defended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	June 4, 1969	Chief	All sections of this form mu able on new and recompleted w Fill out only Sections I. I well name or number, or transpor	ust be filled out completely for fillow-

NHOCC(5) File

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.

٢	NO. OF COPIES RECEIVED	~					
-	DISTRIBUTION			Form C-104			
┝	SANTA FE		ST FOR ALLOWABLE	Supersedes Old C-104 and C-110			
F	FILE		4.10	Effective 1-1-65			
F	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS				
F			BU MER				
	OIL		JUL 29 2 02 M 16				
	TRANSPORTER GAS						
- F	OPERATOR						
	PRORATION OFFICE						
• •	Dperator						
	Continental Oil Comp	Continental Oil Company					
h	Address						
	Box 469, Hobbs, New	Mexico					
ŀ	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion		<sup>Gas</sup> Effective 8-1-6	6			
	Change in Ownership Casinghead Gas Condensate						
L							
1	If change of ownership give name						
1	and address of previous owner						
П.	DESCRIPTION OF WELL AND L	EASE	Formation Kind of Lease	Lease No.			
1	Lease Name	Well No. Pool Name, Includir	ig i ormanom				
	Eastcap Queen Pool U	nit 20 Caproc	k Oueen State, Federal or				
	Location						
	Unit Letter B 660 Feet From The North Line and 1980 Feet From The East						
	Line of Section 34 Town	nship 14S Range	31E , NMPM, Ch	aves County			
1							
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL	GAS Address (Give address to which approved	copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	r Condensate	North Freeman Ave., A	rtesia. New Mexico			
	Continental Pipeline	Company	Address (Give address to which approved	conv of this form is to be sent)			
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give daaress to which approved				
	Vented		Is agg actually connected? When				
	If well produces oil or liquids,	Unit Sec 27 Twp. Rge	is gus detuarif commenter.				
	give location of tanks.		1E No				
	If this production is commingled wit	h that from any other lease or p	ool, give commingling order number:	·			
IV.	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completio						
	Designate Type of Completio		Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	.2			
				Fubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing bepin			
		L		Depth Casing Shoe			
	Perforations						
	TUBING, CASING, AND CEMENTING RECORD						
				SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFTROLI				
		1					
				i must be equal to at exceed top allows			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)						
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)			
	Date First New Oil Run To Tanks						
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	rubud Liggang	-				
		Oil-Bbls.	Water - Bbls.	Gas - MCF			
	Actual Prod. During Test	1011-3016.					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Feidin of Lear					
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	I uping Plessue (Bhuc-In )					
				ION COMMISSION			
V	I. CERTIFICATE OF COMPLIAN	CE					
	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 belies.		APPROVED	, 19			
			ation   All I No Co				
	above is the and complete to m						
	SIGNED LAL R STEPHENE (Signature)		This form is to be filed in co	mpliance 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 allow- able on new and recompleted wells.			
			I II IL A form must be BCCOMDEN				
	Staff Supervisor		All sections of this form mus				
	(Title)		able on new and recompleted wel				
	14	(LE)		The sector of th			
	,		mus a salu Destions I II	III, and VI for changes of owner,			
	7-28-66	Date)	Fill out only Sections I, II, well name or number, or transporte	th of other aden change of content			
	7-28-66	·	Fill out only Sections I, II, well name or number, or transporte	III, and VI for changes of owner, n or other such change of condition. be filed for each pool in multiply			