	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	REQUEST	CONSERVATION COMMISSION T FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65			
1.	U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TR		L GAS			
	Miller & Miller Aut Address 2525 Brennan Avenue Recoon(s) for filing (Check proper box	e Fort Worth, T	exas 76106 Other (Please explain)				
	New Well Recompletion Change in Ow tership X	Change in Transporter of: Oil Dry G Casinghead Gas Conde					
	If change of ownership give name and address of previous owner	AGUA, INC. P.O.	Box 1978 Hobbs,	New Mexico 88240			
	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Lease No.			
Ľ	Location Unit Letter I ; 660	-	ne and <u>1980</u> Feet Fro	m The South			
	Line of Section 34 To	wnship 14 South Range 3	1 East , NMPM,	Chaves County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)			
	Name of Authorized Transporter of Ca	singhead 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. P.ge.	Is gas actually connected? V	Ihen			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completio	$\operatorname{pn} = (X)$					
	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 Depth Casing Shoe			
	Perforations						
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT			
i							
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be aj able for this de	fter recovery of total volume of load of opth or be for full 24 hours)	l and must be equal to or exceed top allow-			
	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						
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size			
VI .	CERTIFICATE OF COMPLIANCE			ATION COMMISSION			
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		I BY	Orig. Signed by John Runyan			
			TITLE	Geologist			
-	(Signal	(moberles	If this is a request for allow well, this form must be accompa- tests taken on the well in acco				
-	Manager V Septeni (Da	UK19, 1974		ast be filled out completely for allow-			

A11 B	ections	of this form	must be filled out co	impletely for allow-
	#		** -	

1	NO. OF COPIES RECEIVED						
	DISTRIBUTION						
	SANTA FE			Form C-104 Supersedes Old C-104 and C-110			
	FILE	REQUEST FOR ALLOWABLE		Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	GAS				
	LAND OFFICE						
	IRANSPORTER OIL						
	GAS						
	OPERATOR						
Ι.	PRORATION OFFICE						
	Operator						
	AGUA, INC.						
	Address						
	Box #198, Artesia, 1	New Mexico 88210					
	Reason(s) for filing (Che k proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion						
	Change in O nership X	Casinghead Gas Conden	sate Effective Apr	<u>111, 1970</u>			
	If change of ownership give name	•					
	nd address of previous owner <u>Continental Oil Company</u> , Box #460, Hobbs, New Mexico						
11.	DESCRIPTION OF WELL AND	Ven No Pool Name, Including F	ormation Kind of Le	ase Lease No.			
			State, Fed	eral or Fee State			
	Eastcap Queen Fool Unit	t 31 Caprock Quee	ni	State			
	_		1090				
		50 Feet From TheEast Lin	e dad <u>1980</u> rieet Fro	m'iha South			
	Line of Section 34 Tow	mship 14 South Range 31	East , NORM, Ch	County			
		mship 14 South Range 31		avesCounty }			
111	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	S				
	Name of Authorize's Transporter of Cil	or Condensate	Address (Give address in which ap	proved copy of this form is to be sent)			
	Water Injection Well	l i i i i i i i i i i i i i i i i i i i					
	Name of Autionizan Transporter of Cas	singhead Gas or Dry Gas	Acdress (Give address to which app	proved copy of this form is to be sent)			
		Unit Sec Twp, Rge.	is gas actually connected?	When			
	If well produces on or liquids, give location of tanks.	4	1				
	If this production is commingled wit	t that from one other longs or pool	a' to commingling order number:	······································			
IV	COMPLETION DATA	in that from any other lease or pool,	give comminging order number.				
		Oil Well Gas Well	New Well Workcver Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	$n \rightarrow (X)$					
	Date Spudded	Date Compl. Ready to Prod.	Total Lepth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ol./Gas Pay	Tubing Depth			
			l				
	Perforations			Depth Casing Snoe			
			CEMENTING RECORD				
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACK3 CEMENT			
		1					
V.	TEST DATA AND REQUEST F	OR ALLOYA思二上 (Test must be a able for this de	f er recovery of total volume of load (opth or be for full 24 nours)	oil and must be equal to or exceed top allow-			
	OIL WFLL Date First New Oil Run To Tan 3	Dats of Tee	Producing Method (Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Prassure	Casing Pressure	Choke Size			
	Actua Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF			
	I						
	GAS WELL						
	Actua Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (prot, back pr)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSER	VATION COMMISSION			
				197(<u>.</u>			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	NON 1			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Telster I'll ments				
				eller vir ver			
	APR 8 1970		TITLE				
		and L	This form is to be filed	in compliance with RULE 1104.			
	Rach	2 man_	If this is a request for al	lowable for a newly drilled r deepened			
	(Signature)		well this form must be accor	npanied by a tabulation of the deviation			
	Consulting Engineer		tests taken on the well in ac				
	(Title)		All sections of this form able on new and recompleted	must be filled out completely for allow- wells.			
	March 26, 1970		Fill out only Sections I	II. III. and VI for change of owner,			
		:e,	well name or nur ber, or transporter, or other such change of condition.				
			d Separate Formt C-104 m	nust be filed for each pool in multiply			
			completed wouls				

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JIL CONSERVATION COMMON HOBBS, N. M.

APR 8 1970