7. 6 COPIES RECEIVED		Form C-103 Supersedes Old C-102 and C-103
FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
u.s.g.s.	-	5a. Indicate Type of Lease
LAND OFFICE		State X Fee.
OPERATOR		5. State Oil & Gas Lease No.
		mmmmmm
SUND (DO NOT USE THIS FORM FOR PR USE "APPLICA	7, Unit Agreement Name	
OIL GAS WELL WELL	Eastcap Queen (//	
2. Name of Operator		8. Farm of Lease Name
AGUA, INC.		9. Well No.
3. Address of Operator		21
Box #198, Artesia,	New Mexico 88210	10. Field and Pool, or Wildcat
4. Location of Well	vo Vonth 660	Caprock Oueen
UNIT LETTER A	660 FEET FROM THE North LINE AND 660 FEET FROM	
THE East LINE, SECT	TION 34 TOWNSHIP 14 South RANGE 31 East NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		Chaves
16. Charles	Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
		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		
17. Describe Proposed or Completed	Operations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
work) SEE RULE 1103.	to The Control of the	1
This is a shut-in	well. It is proposed to plug and abandon as fol	TOWS:
	Total Depth: 3115'	
	Surface Casing: 7-5/8" at 323' w/150 sx.	
	Prod. Casing: 4½" 9.5# at 3087' w/800 sx.	
	Open hole from 3087' to 3115'.	
	Top of Salt: 1466'	
	Top of cement behind $4\frac{1}{2}$ is at 1145.	
Plugging Program:	Set bridge plug above 3087' and cap with 35' ce Mud hole. Cut off 4½" casing above 1145'. Pla	
	cement plug at top of stub. Place 100' cement	
	straddle bottom of 7-5/8" casing. Cap with 10	
	cement. Notify Oil Commission at start of ope	
	•	
19 I hereby comitty that the informati	ion above is true and complete to the best of my knowledge and belief.	
10. I hereby teeting that the infoliation	1/2	
Maini	Linay Consulting Engineer	DATE Tuno 27 .1074

Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			
BROBATION OF	EICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTUODIZATION TO TOA	AND NSPORT OIL AND NATURAL	
	LAND OFFICE	AUTOWIZATION TO TRA	HOF OR FOIL AND NATUKAL	<b>UNO</b>
	I RANSPORTER OIL			
	GAS			
	OPERATOR OFFICE			
1.	PRORATION OFFICE Operator	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	AGUA, INC.		·	
	Address			<del></del>
	Box #198, Artesia, New Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas	== 1	
	Change in Ownership XX	Casinghead Gas Conden	sate Effective Apri	11 1, 1970
	If change of ownership give name	Combinantal Oil Commis	Dan HILLA WALL W.	Marrian
	and address of previous owner	Continental Oil Company	, box #40U, Hodds, New	Mexico
II.	DESCRIPTION OF WELL AND I	LEASE		
	Lease Name	Well No. Pool Name, Including Fo	State, Feder	
	Eastcap Queen Pool Uni	t 21 Caprock Queer	1 State, reder	ral or Fee State
		Peet From The North Line	e god 660 Feet From	The East
	Unit Letter A ; 660			
	Line of Section 34 Tow	mship 14 South Range 3	l East , NMFM,	Chaves County
142 142	NEGICALATION OF THE ANGROSS	PED OF OH AND NATURAL CA	S	
111.	Name of Authorize's Transporter of Cil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	Water Injection Well		1	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
		Unit Sec Twp. Rge.	is gas actually connected? W	hen
	If well produces of cr. liquids, give location of tanks.	i i i i i i i i i i i i i i i i i i i	1. 3	
		h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA			
	Designate Type of Completio	on (X)	New Well Workcyer Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date opudaed		• • • • • • • • • • • • • • • • • • • •	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ol./Gas Pay	Tubing Eepth
				Depth Casing Snce
	Perforations			Deptit Outstrid bridge
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fier recovery of total volume of load of	il and must be equal to or exceed top allow
٠.	OIL WE'LL	able for this de	pth or be for full 24 nours) Producing Method (Flow, pump, gas	
	Date First New Oil Run To Tan 3	Data of Tee	Producing Method (riow, pump, gas	oojo, Colloj
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actua Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
	CAS WELL			
	Actua: Prod. Test-MCF/D	Length of Test	Bbls. Condens ne/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (shat-in)	Casing Pressure (Shut-in)	Choke Size
				/ATION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
	Commission have been complied w	with and that the information given best of my knowledge and belief.	Teslo &	y. ( lements_
	above is true and complete to the	best of my knowledge and belief.	BY JOHN	
	450 6 1070		TITLE	The state of the s
	Da HYA	7 has		n compliance with RULE 1104.
	- Kagu	1 may	If this is a request for all well, this form must be accome	owable for a newly drilled or deepened panied by a tabulation of the deviation
	. V (State	erure) [/	II MATTI FIND TATIN INGOL DA CADANI	

Raigh I Gray
(Sighboute)
Consulting LEngineer.
(Title)

March 26, 1970

APPROVED	ا المرات
AFFROVED	01.10 10 1
BY gelstie	J' ( lements
TITLE	The second secon

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 mails

## RECEIVED

APR 8 1970

OIL CONSERVATION COMMISSES, N. M.