

NAME		
ADDRESS		
DATE		
TRANSPORTER	OIL	
OPERATION 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. 29	Unit Letter K	Section 34	Township 14-S	Range 31-E		
Date Work Performed 4-2-64	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

Detailed 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 @ 259' and 4 1/2" casing is set @ 3084'. Casing was tested W/2000# for 30 min on 4-2-64. Tested O.K.

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

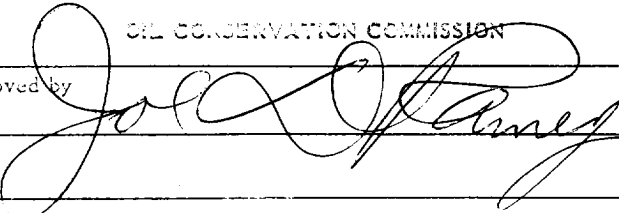
ORIGINAL WELL DATA

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						

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

OIL CONSERVATION COMMISSION		Name SIGNED: JACK MARSHALL	
Approved by 		Position District Manager	
Title		Company Continental Oil Company	
Date	4-2-64		

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**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. 29
Unit Letter K	Section 34	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 K	Section 34	Township 14S	Range 31E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company				Address (give address to which approved copy of this form is to be sent) Box 410, Artesia, N. M.		
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 & well designation.

Remarks
This well was formerly the Gulf Oil Corp. Chaves State "BK" C No. 5. 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. 29

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
Title		Asst. Dist. Supt.
Date	Company	Address
	Continental Oil Company	Box 460, Hobbs, New Mexico