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LAND OFFICE			
TRANSPORTER	OIL		
GAS			
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	7	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS	-		
OPERATOR PROPATION OFFICE			
Operator Miller & Miller Au	ctioneers, Inc.		
Address		Гехаs 76106	
2525 Brennan Avenue Reason(s) for filing (Check proper box	x)	Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Ga	ıs 🗂	
Recompletion  Change in Ownership X	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner	AGUA, INC. P.	O. Box 1978 Ho	bbs, New Mexico 88240
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea	ise Lease No.
astc'ap Queen Pool U		CL-L- Fodo	rgl or Fee State
Location	660 Feet From The South Lin	ne and 1980 Feet From	n The West
		l East , NMPM,	Chaves County
			OHE Y CD
DESIGNATION OF TRANSPOR	Or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas		roved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.		Vhen
If this production is commingled w COMPLETION DATA	oith that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.
Designate Type of Completi	ion – (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
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE 5122			
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load o	il and must be equal to or exceed top allow
OIL WELL 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-Bble.	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
CERTIFICATE OF COMPLIAN	_L	OIL CONSER\	ATION COMMISSION
Chilliant of Company			ACT 95 1974.
I hereby certify that the rules and regulations of the Oil Conservation			
	with and that the information given he best of my knowledge and belief.	BY	Off 95 1974 19 Drg. Signed by John Runyun
20070 to man the competition in		TITLE	Geologist
- N	1 2		n compliance with RULE 1104.
15/ 111	Im fully		amphie for a newly drilled or deepened
(Sig	nature)	well, this form must be accom	panied by a tabulation of the deviation
Manager		All sections of this form	must be filled out completely for allow
	Title)	If the an and consumated	

(Title)

Septembles (Date)

1974

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I RANSPORTER OIL			
INANSFORTER			
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

ļ	SANTA FE	_	OR ALLOWABLE	Effective 1-1-65
	U.S.G.S.		AND ISPORT OIL AND NATURAL GA	
	LAND OFFICE	AUTHORIZATION TO TRAIN	SPORT OIL AND NATORAL OF	
	OIL			
	TRANSPORTER GAS			•
	OPERATOR			
I.	PRORATION OFFICE Operator			
	AGUA. INC.			
	Address			
	Box #198. Artesia.	New Mexico 88210		
	Reason(s) for filing (Che k proper box)		Other (Please explain)	
	New Well	Change in Transporter of:  Oil Dry Gas		
	Recompletion Change in Ornership XX	Casinghead Gas Condens	ate Effective Ap	ril 1, 1970
	Change in Constant			
	If change of ownership give name and address of previous owner	Continental Oil Compan	y, Box 460, Hobbs, New 1	Mexico
	•			
II.	DESCRIPTION OF WELL AND I	Vail No Pool Name, Including For	mation Kind of Lease	Lease No.
			State, Federa'	or Fee State
	Eastcap Queen Pool Uni	L J-r Captorn vunc		
		O Feet From TheSouth_Line	and 1980 Feet From T	ha West
			N. 49.34	County
	Line of Section 34 Tow	nship 14 South Range 31	East , North, Chave	5
] T T	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	
. II.	Name of Authorize's Transporter of Cil	or Condensate	Address (Give states: to which approv	1
	Navajo Refining Compa	ny	Box #159 Artesia N. Acdress (Give aidress to which approv	ew Mexico 88210 ed copy of this form is to be sent)
	Name of Autionized Transporter of Cas	inghead Gas or Dry Gas ,	Address (Other With Ess to Whiteh approx	, , , , , , , , , , , , , , , , , , , ,
	Vented	Uni: Sec Twp. Ege.	is gas actually connected? Whe	n
	If well produces of cr. iquids, give location of tanks.	0 27 14S 31E	No	
		h that from eny other lease or pool, g	give commingling order number:	
IV.	COMPLETION DATA		New Well Workcver Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completion		Workeye.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ol./Gas Pay	Tubing Lepth
				Depth Casing Sace
Perforations				
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
•	. TEST DATA AND REQUEST F	OR ALLOWAR'S (Test must be of	fer recovery of total volume of load oil	and must be equal to or exceed top allow-
V	ORL WE'LL	able for this de	pth or be for full 24 nours) Producing Method (Flow, pump, gas li	
	Date First New Oil Run To Tan 3	Date of Tec.	Producing Method (F tow, pump, gus	, 6,00,7
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	a watering a control of		
	Actua Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
	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
			0. 00.0557.44	TION COMMISSION
V	I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION
		Sections of the Oil Congervation	APPROVED	. 19
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.		( Lements		
	TITLE			
	This form is to be filed in compliance with RULE 1104.			compliance with RULE 1104.
If this is a request for allowable for a newly drilled r decompanied by a tabulation of the decompanied by a tabulation of tabulation o				
		Manca Attu KAFF		
Consulting Engineer.  (Title)  All sections of this form must be filled out completely for a able on new and recompleted wells.			Clis.	
	March 26, 1970		Eill out only Sections I	II. III. and VI for change of owner,
	well name or number, or transporter, or other such change of cond  (Dote,  Separate Figure C-104 must be filed for each pool in many		(er) or other paper arrange as	
			Separate Fi mt C-104 mul	

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TLE			
J.S.G.S.			
AND OFFICE			
RANSPORTER			
KARSI OKTER	GAS		
PERATOR			
RORATION OFFICE			
petator			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	ANTA FE	REQUEST	FOR ALLOWABLEE O. C. C.	Supersedes Old C-101 and C-110 Effective 1-1-65
	ILE	~ <b>1</b>		
	J.S.G.S.	_ AUTHORIZATION TO TRA	MSPORT OIL AND NATURAL O	5A5
	OIL	-		
	RANSPORTER		· ·	
	PERATOR PRORATION OFFICE			
	Continental Oil Compar	n <b>y</b>		
		au a	•	
	Box 460, Hobbs, New Meroson(s) for filing (Check proper bo	() (XTCO	Other (Please explain)	·
	w Well	Change in Transporter of:		
	completion	Oil	F	
	range in Ownership	Casinghead Gas Conden	isdie []	
	hange of ownership give name address of previous owner		,	
	SCRIPTION OF WELL AND	LEASE		
	ease Name	Lease No. Well No. Pool Nac	me, Including Formation	Kind of Lease
	Eastcap Queen Pool Uni	it 34 Capro	ock Queen	State, Federal or Fee State
	Unit Letter N; 66	O Feet From The South Line	e and 1980 Feet From	The West
	Line of Section 34 To	ownship 14 South Range	31 East , NMPM, Ch	naves County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro-	ved copy of this form is to be sent)
	Name of Authorized Transporter of Of		North Freeman Avenue, A	
	Navajo Refining Compar		Address (Give address to which appro	ved copy of this form is to be sent)
	Vented			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
	give location of tanks.	0 27 14S 31E	No	
		ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
	Designate Type of Completi	on – (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
	Perforations			Depth Casing Shoe
				<u> </u>
			CEMENTING RECORD	24000 05115115
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
•				
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water-Bbls.	Gas • MCF
	Actual Prod. During Test	Oll-Bbls.	Trace - Data	
	<u> </u>			<u></u>
	GAS WELL	·		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothed (pitot, back pr.)	Tubing Pressure	Cosing Pressure	Choke Size
_			All CONCERN.	ATION COMMISSION
VI.	CERTIFICATE OF COMPLIAN	NUE	11	
	I hereby certify that the rules and	regulations of the Oil Conservation		1 3 1969 , 19
	Commission have been complied	with and that the information given he best of my knowledge and belief.	BY John W	Runyan
	above is true and complete to the	to beat or my knowledge and bellets		mental de la companya del companya del la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del la companya de
	1		TITLE	
		PO	Il this form is to be filed in	compliance with BULE 1104.

Administrative Section Chief

(Date)

June 4, 1969

NNOCC(5) File

If this is a request for ellowable for a newly drilled or despende 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 Forms C-104 must be filed for each pool in multiply completed wells.

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		T '	

## NEW MEXICO OIL CONSERVATION COMMISSIS IN

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND		
	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE		Jul 23 2 01 14 60		
	TRANSPORTER GAS				
	OPERATOR				
I.	PRORATION OFFICE				
	Continental Oil Comp	any			
	Address Box 460, Hobbs, New	Mexico			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	FIGGRAPING 9 1	66	
	Recompletion	Oil Dry Gas		-00	
	Change in Ownership	Casinghead Gas Condens	sate [_]		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND I	EASE		Lease No.	
	Lease Name	Well No. Pool Name, Including Fo	1	or Fee State	
	Eastcap Queen Pool U	Init 34   Caprock Qu	ueen	State	
	Unit Letter N ;660	Feet From TheSouthLine	e and 1980 Feet From T	heWest	
	Cinc Dettor /		<b>a3</b>	e County	
	Line of Section 34 Tow	mship 14 Range	31 , NMPM, Chav	<u>es</u>	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil Continental Pipeline			, Artesia, New Mexico	
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)	
	Vented		Is aga actually connected? Whe		
	If well produces oil or liquids, give location of tanks.	Unit Sec. 27 Twp. Rge. 31	Is gas actually connected? Whe		
	l '	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio		I dem well i l		
	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				
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v		OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During 1991				
	GAS WELL	To an of Tool	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	BEIGI GGILLENDEN, IMMOS		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			OH CONSERVA	ATION COMMISSION	
VI	. CERTIFICATE OF COMPLIAN	CE	SIE CONSEIN		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
		with and that the information given e best of my knowledge and belief	11		
TITLE					
	SIGNED HALL MAN	The second second	11		
	gio: wo in the mile		as it to the engineer for other	compliance with RULE 1104. wable for a newly drilled or deepened	
	(Sign	nature)	well, this form must be accompletests taken on the well in accompletests	wild be a labiliation of the gastacton	
	Staff Supervisor		All sections of this form my	at be filled out completely for allow-	
	(T	itle)	able on new and recompleted w	6112°	
	7-28-66	ate)	well name or number, or transpor	I, III, and VI for changes of owner, ten or other such change of condition.	
	10		Separate Forms C-104 mus	at be filed for each pool in multiply	
	NMOCC (5) SW FILE		completed wells.		

NMOCC (5)