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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

Operator Continental Oil Co	
Address PO Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 28	Well No. 14	Pool Name, Including Formation Lindrieth Gallup Dakota, west	Kind of Lease State <input checked="" type="checkbox"/> Federal or Fee	Lease No. Contract No. 66
Location Unit Letter K ; 1650 Feet From The South Line and 1650 Feet From The West				
Line of Section 33 Township 25 N Range 4 W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Farmington, NM	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) El Paso, TX	
If well produces oil or liquids, give location of tanks.	Unit J 28	Sec. 25
	Twp. 4	Rge. W
	Is gas actually connected? <input checked="" type="checkbox"/> When no	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 11-16-76	Date Compl. Ready to Prod. 9-21-77	Total Depth 7550'	P.B.T.D. 7527					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Lindrieth Gallup Dakota, west	Top Oil/Gas Pay 6439	Tubing Depth 7494					
Perforations 7480-7472, 7454-52, 7434-24, 7280-90, 7304-12, 6416, 6418, 6410, 6442, 6444, 6446, 6482, 6484, 6548, 6550, 6552, 6578, 6580, 6582, 6664, 6666, 6648, 6650		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1049	550
7 7/8	4 1/2	7550	750
	2 3/8	7451	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-21-77	Date of Test 9-22-77	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 990	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 244	Water - Bbls. 497	Gas - MCF 400

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

VI. 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.

Bernie K. Lee
(Signature)
Administrative Supervisor
(Title)
September 22, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 12 1977

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance 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 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.

12-22-77 (5) USG.S. Durand (2), BEA