

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

**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.R.*

Operator Continental Oil Company  
 Address Box 460 Hobbs, NM 88240  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name Jicarilla 28 Well No. 15 Pool Name, including Formation Leidath Del Rio, Dakota, Wash Kind of Lease State, Federal or Fee Federal Lease No. contract no 66  
 Location  
 Unit Letter K; 2310 Feet From The South Line and 1580 Feet From The West  
 Line of Section 34 Township 25-N Range 4-W, NMPM, Rio Arriba County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Shell Oil Company Farmington, NM  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
El Paso Natural Gas El Paso, Texas  
 If well produces oil or liquids, give location of tanks. Unit J Sec. 28 Twp. 25 Rge. 4 Is gas actually connected? yes When 7-13-77

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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 <u>6-10-77</u>	Date of Test <u>7-13-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hr</u>	Tubing Pressure <u>200 #</u>	Casing Pressure <u>990 #</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil-Bbls. <u>70</u>	Water-Bbls. <u>28</u>	Gas-MCF <u>500</u>

**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 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.

Bern A. Lee  
 (Signature)  
Administrative Supervisor  
 (Title)  
July 15, 1977  
 (Date)

1 MNC-A-2lect(5) USGS-Diamond(2)BEA,

**OIL CONSERVATION COMMISSION**

APPROVED JUL 19 1977, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY N. E. MAXWELL, JR.  
 TITLE PETROLEUM ENGINEER

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.