

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.R.

Operator Continental Oil Company		
Address Box 460, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 22	Well No. 9	Pool Name, including Formation LINDRITH GALLUP DAKOTA WEST	Kind of Lease State, Federal or Fee	Lease No. Indian Contract 65
Location Unit Letter L ; 2270 Feet From The South Line and 770 Feet From The West				
Line of Section 21 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 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 checked="" 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, TEXAS	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 21
	Twp. 25	Rge. 4
	Is gas actually connected? 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 Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 4-4-78	Date Compl. Ready to Prod. 7-20-78	Total Depth 8072	P.B.T.D. 8031					
Elevations (DF, RKB, RT, GR, etc.) 7182 GR	Name of Producing Formation GALLUP DAKOTA	Top Oil/Gas Pay 6860	Tubing Depth 7850					
Perforations 7830-38, 7872-80, 7684-88, 7702-10, 7719-25 6860, 62, 64, 66, 68, 88, 90, 92, 6986, 88, 7010, 12, 14, 16, 18, 20, 22			Depth Casing Shoe 1025					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 3/8 5 1/2 2 3/8		DEPTH SET 1025 8085 7850		SACKS CEMENT 600 1765			

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 7-28-78	Date of Test 9-6-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs	Tubing Pressure NA	Casing Pressure 880	Choke Size OPEN
Actual Prod. During Test	Oil-Bbls. 81	Water-Bbls. 27	Gas-MCF 526

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.

Base H. Lee
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
9-8-78
(Date)

1/mcc (5) BEA File

OIL CONSERVATION COMMISSION

APPROVED SEP 12 1978, 19

BY Original Signed by A. E. Hendrick

TITLE

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.