

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

API 30-039-21795

Operator Continental Oil Company	
Address P.O. Box 460 Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletor <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

DESCRIPTION OF WELL AND LEASE

Lease Name Nicarilla 30	Well No. 11	Pool Name, including Formation W. LINDRITH GALLUP DAKOTA	Kind of Lease INDIAN CONTRACT State, Federal or Fee No. 41	Lease No.
Location				
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West				
Line of Section 30 Township 25N Range 4W, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
SHELL PIPELINE O.I. Co	MIDLAND TX					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS	EL PASO TX					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28	Twp. 25	Rge. 4	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-31-78	Date Compl. Ready to Prod. 10-13-78		Total Depth 8240		P.B.T.D. 8163			
Elevations (DF, RKB, RT, GR, etc.) 7385'	Name of Producing Formation W. LINDRITH GALLUP DAKOTA		Top Oil/Gas Pay 6954		Tubing Depth 8057			
Perforations 6954, 56, 58, 60, 87, 88, 89, 90, 91, 93, 7083, 84, 7110, 12, 14, 16, 18, 34, 36, 38, 7175, 80, 82, 84, 7240, 42, 44, 7932, 35, 34, 38, 39, 40, 43, 44, 45, 46, 77, 78, 79, 81, 82, 83, 85, 86					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1005		600 SK			
7 7/8	5 1/2		8231		1000 SK			
	2 3/8		8057					

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 10-13-78	Date of Test 12-18-78	Producing Method (Flow, pump, gas lift, etc.) Flowing Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 48	Water - Bbls. 103	Gas - MCF 365

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
APR 11 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1979, 19
BY Original Signed by A. E. Kendrick
SUPERVISOR

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.

NMOC (5) USGS (2) FILE
APR 11 1979