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TRANSPORTER	OIL	
	GAS	
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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

API 30-039-21797

I. Operator
Continental Oil Company Canoe, Inc
Address
P.O. 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 ☐
Other (Please explain)
Request for allowable for the month of June, 1979

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Acariella 30</u>	Well No. <u>10</u>	Pool Name, Including Formation <u>Andru-Hu Gallup Dakota W</u>	Kind of Lease State, Federal or Fee <u>Indian</u>	Lease No. <u>C-41</u>
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>30</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Shell Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Farmington, NM</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492 El Paso Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>29</u>	Twp. <u>25</u>	Rge. <u>4</u>
	Is gas actually connected? <u>No</u> When _____			

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. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded <u>1-30-79</u>	Date Compl. Ready to Prod. <u>4-17-79</u>		Total Depth <u>7780'</u>		P.B.T.D. <u>7735'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7009'</u>	Name of Producing Formation <u>Gallup Dakota</u>		Top Oil/Gas Pay		Tubing Depth <u>7533'</u>			
Perforations <u>6543-7378</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>518'</u>		<u>250 SK</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>7779' KB</u>		<u>460 SK DV Tool @ 5295' 310 SK</u>			

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 <u>4-17-79</u>	Date of Test <u>6-1-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>NA</u>
Actual Prod. During Test	Oil - Bbls. <u>75</u>	Water - Bbls. <u>95</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Ben A. Lee
(Signature)
Administrative Supervisor
(Title)
June 29, 1979
(Date)
NMOC-D-aztel(5) USGS-Durango(2) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 2 1979, 19

BY Original Signed by A. R. Kendrick

TITLE Administrative 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.