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	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

I.

Operator Continental Oil Company	
Address P. O. Box 1621, Durango, Colorado 81301	
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

Lease Name Table Mesa Pump	Well No. 29	Pool Name, including Formation Undesignated Mississippian	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter N	1830	Feet From The North Line and 790	Feet From The East
Line of Section 9	Township 27N	Range 17W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Four Corners Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1621, Durango, Colorado 81301	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	Yes	2-22-66

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1/15/66	Date Compl. Ready to Prod. 2/23/66	Total Depth 7533'	P.B.T.D. - -					
Pool Undesignated	Name of Producing Formation Mississippian	Top Oil/Gas Pay 7380'	Tubing Depth 7350'					
Perforations Open hole			Depth Casing Shoe 7380'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	503'	425 sacks					
12 1/4"	9 5/8"	5025'	600 sacks					
8 3/4"	7 5/8"	6848' (2210')	230 sacks					
6 3/4"	5 1/2"	7380'	100 sacks					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL 8090 Nit 690 Helium 1490 Hydrocarbon

Actual Prod. Test-MCF/D 3000 MCFD	Length of Test 1 hours	Bbls. Condensate/MMCF 12.5	Gravity of Condensate 60°
Testing Method (pitot, back pr.) Critical flow prover	Tubing Pressure 800#	Casing Pressure Packer set	Choke Size 5/8"

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.

ORIGINAL SIGNED BY:
H. D. HALEY

(Signature)

District Manager

(Title)

February 23, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 23 1966**, 19

BY **Original Signed Emery C. Arnold**

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 Sections I, II, III, and VI only 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.