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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

I. OPERATOR

Operator: Continental Oil Company

Address: P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership Other (Please explain): Formerly S.B.N.U. No. 13

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: S.E. 1/4 Range B Well No.: 13 Pool Name, including Formation: Undesignated Shinarump Kind of Lease: State, Federal or Fee Lease No.: LC-0316706

Location: Unit Letter N; 660 Feet From The South Line and 1980' Feet From The West Line of Section 20 Township 20-S Range 38E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : German Corporation Address (Give address to which approved copy of this form is to be sent): P.O. Box 3119, Millport, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas : No gas prod. Address (Give address to which approved copy of this form is to be sent): _____

If well produces oil or liquids, give location of tanks. Unit: N Sec.: 20 Twp.: 20S Rge.: 38E Is gas actually connected? Yes 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest.	<input checked="" type="checkbox"/> Diff. Rest.
Date Spudded: <u>1-28-71</u>	Date Compl. Ready to Prod.: <u>3-1-71</u>	Total Depth: <u>9195'</u>	P.E.T.D.: <u>6568'</u>					
Elevations (DF, RKB, RT, GR, etc.): <u>3554' DF</u>	Name of Producing Formation: <u>Undesignated</u>	Top Oil/Gas Pay: <u>6780'</u>	Tubing Depth: <u>6840'</u>					
Perforations: <u>6780', 6783', 6818', 6830', 6853', 6853' w/195PF</u>						Depth Casing Shoe: _____		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13 3/4"</u>	<u>10 3/4"</u>	<u>264'</u>	<u>w/250 ad</u>
<u>8 1/2"</u>	<u>7 1/2"</u>	<u>2249'</u>	<u>w/1350 ad</u>
<u>7 1/2"</u>	<u>5 1/2"</u>	<u>7197'</u>	<u>w/250 ad</u>
	<u>2 3/4"</u>	<u>6240'</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>3-1-71</u>	Date of Test: <u>3-30-71</u>	Producing Method (Flow, pump, gas lift, etc.): <u>Flowing</u>	
Length of Test: <u>5 1/2 hrs</u>	Tubing Pressure: <u>73 1/4</u>	Casing Pressure: _____	Choke Size: _____
Actual Prod. During Test: _____	Oil - Bbls.: <u>16</u>	Water - Bbls.: <u>9</u>	Gas - MCF: _____

GAS WELL

Actual Prod. Test-MCF/D: _____	Length of Test: _____	Bbls. Condensate/MMCF: _____	Gravity of Condensate: _____
Testing Method (flow, back pr.): _____	Tubing Pressure (2 1/2-in): _____	Casing Pressure (2 1/2-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.

W. E. Walker
 (Signature)
W. E. Walker
 (Title)

OIL CONSERVATION COMMISSION
 APPROVED: PR-1 1971, 19____
 BY: [Signature]
 TITLE: SUPERVISOR DISTRICT

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.