

NEW MEXICO OIL CONSERVATION
REQUEST FOR ALLOWANCE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-114
Supersedes Old C-101 and C-110
Effective 1-1-65

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator
Continental Oil Company

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

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) To slow new lease name
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	& well No. South Eunice Unit effec.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	1-1-71. Formerly Greer No. 4
	Dry Gas <input type="checkbox"/>	operated by Sud
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Eunice Unit	Well No. 14	Pool Name, including Formation Eunice 7 Rvrs Queen South	Kind of Lease State, Federal or Fee Fed.
Location			
Unit Letter E	660 Feet From The South Line and	660 Feet From The West	
Line of Section 21	Township 22-S	Range 36-E	NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	Box 1510 Midland Texas
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)
Asland Chemical	Box 158 Eunice NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When.
	Yes NA

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

[Signature]
Administrative Supervisor
(Title)

1-6-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *[Signature]*

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance 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 allowance 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 conditions.

Separate Forms C-101 must be filed for each pool in multiple.

RECEIVED

JAN 15 1971

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