

**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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Continental Oil Company
 Address 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

If change of ownership give name and address of previous owner _____ **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED _____ IF YOU DO NOT CONCUR NOTIFY THIS OFFICE _____**

II. DESCRIPTION OF WELL AND LEASE Cruz Delaware R-5056
 Lease Name Marshall Well No. 5 Pool Name, Including Formation Cruz Delaware Kind of Lease CC 065848 Lease No. _____
 Location: Unit Letter F; 1980 Feet From The NORTH Line and 1980 Feet From The WEST
 Line of Section 19 Township 23-S Range 33-E, NMPM, Lin County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Midland Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent) Odessa, Texas
 If well produces oil or liquids, give location of tanks. Unit P Sec. 24 Twp. 23 Rge. 32 Is gas actually connected? Yes When 5-12-75

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'tv. _____ Diff. Res'tv. _____
 Date Spudded 4-15-75 Date Compl. Ready to Prod. 5-5-75 Total Depth 5186 P.B.T.D. 5180
 Elevations (DF, PKB, RT, GR, etc.) 3698 GR Name of Producing Formation Delaware Top Oil/Gas Pay 5080 Tubing Depth 5057
 Perforations 5090, 5090, 5100, 00, 08, 12, 16, 20, 22, 5126 Depth Casing Shoe 5180

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>527</u>	<u>260</u>
	<u>5 1/2</u>	<u>5180</u>	<u>300</u>
	<u>2 3/8</u>	<u>5057</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-12-75 Date of Test 5-19-75 Producing Method (Flow, pump, gas lift, etc.) Pump
 Length of Test 24 HRS Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test Oil-Bbls. 41 Water-Bbls. 69 Gas-MCF 26

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 _____

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.
B. Williams (Signature)
Asst (Title)
5-20-75 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY [Signature]
 TITLE 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.

11 moec (5) USGS (2) File