

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Supersedes Old C-104 and C-11
Effective 1-1-65

I. OPERATOR

Operator CONTINENTAL OIL CO.

Address P.O. BOX 460 HOBBS NEW MEXICO

Reason(s) for filing (Check proper box) New Well Recompletion Change In Ownership Change In Transporter of: Oil Casinghead Gas Dry Gas Condensate Other (Please explain) WELL REDESIGNATION FORMERLY WILDER NO 27

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>NORTH ELMAR UNIT BTY 1</u>	Well No. <u>10</u>	Pool Name, including Formation <u>EL MAR DELAWARE</u>	Kind of Lease <u>State, Federal or Free</u>	Lease No. <u>LC-069515</u>
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>26-3</u> Range <u>32-E</u> , NMPM, <u>LEA</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>TEXAS NEW MEXICO PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 1510 MIDLAND TEXAS</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONTINENTAL OIL CO (NGICP)</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 2197 HOUSTON, TEXAS</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>25</u>	Twp. <u>26</u>	Rge. <u>32</u>
	Is gas actually connected? <u>YES</u>		When <u>8-22-60</u>	

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.			
Elevations (DF, RKB, RT, GR, etc.)	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/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.

SK Allerton
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
11-15-73
(Date)
NMOCC 5

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 multiple completed wells.