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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-11
Effective 1-1-65

Operator <i>Continental Oil Company</i>	
Address <i>Box 466, Hobbs, New Mexico</i>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Thompson 18 Federal</i>	Well No. <i>4</i>	Pool Name, Including Formation <i>Macon Albarran, North</i>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <i>LC-062749(C)</i>
Location Unit Letter <i>K</i> : <i>1980</i> Feet From The <i>West</i> Line and <i>1650</i> Feet From The <i>South</i>				
Line of Section <i>18</i> Township <i>26S</i> Range <i>32E</i> , NMCM, <i>Rea</i> 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"/> <i>Western Oil Transportation</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 3120, Midland, Texas 79704</i>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips Petroleum Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>4th & Washington, Okla City, Okla 73102</i>			
If well produces oil or liquids, give location of tanks.	Unit <i>J</i>	Sec. <i>18</i>	Twp. <i>26</i>	Rge. <i>32</i>
	Is gas actually connected?		When <i>N/A</i>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <i>7-23-73</i>	Date Compl. Ready to Prod. <i>8-15-73</i>		Total Depth <i>4,422'</i>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <i>3221.68</i>	Name of Producing Formation <i>Macon Albarran, North</i>		Top Oil/Gas Pay <i>4,356'</i>		Tubing Depth <i>4,380'</i>			
Perforations <i>4,356', 4,361', 4,366', 4,373'</i>	Depth Casing Shoe <i>4,422'</i>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <i>11"</i> <i>7 7/8"</i>	CASING & TUBING SIZE <i>8 7/8"</i> <i>5 1/2"</i> <i>2 7/8"</i>		DEPTH SET <i>1,000'</i> <i>4,422'</i> <i>4,380'</i>		SACKS CEMENT <i>Wire - 500 Sks.</i> <i>146 Sks.</i>			

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 <i>8-15-73</i>	Date of Test <i>8-28-73</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 Hrs.</i>	Tubing Pressure <i>—</i>	Casing Pressure <i>—</i>	Choke Size <i>—</i>
Actual Prod. During Test	Oil - Bbls. <i>30</i>	Water - Bbls. <i>48</i>	Gas - MCF <i>—</i>

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.

[Signature]
(Signature)
Admin. Supervisor
(Title)
August 30, 1973
(Date)

USGS-2
NMCC-5 File

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 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.

August 30, 1973

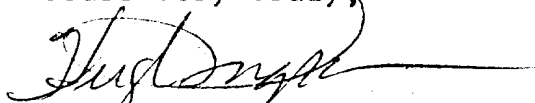
New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's Thompson 18 Section 16, No. 4, located in Unit K, Lea County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
<u>1260'</u>	<u>1/2°</u>	<u>3861'</u>	<u>1°</u>		
<u>1510'</u>	<u>3/4°</u>	<u>4106'</u>	<u>1°</u>		
<u>1768'</u>	<u>3/4°</u>	<u>4422'</u>	<u>1 1/4°</u>		
<u>1959'</u>	<u>1°</u>				
<u>2120'</u>	<u>1 1/4°</u>				
<u>2365'</u>	<u>1 1/2°</u>				
<u>2650'</u>	<u>1 3/4°</u>				
<u>2838'</u>	<u>1 3/4°</u>				
<u>3089'</u>	<u>1 1/2°</u>				
<u>3310'</u>	<u>1 1/2°</u>				
<u>3597'</u>	<u>1°</u>				


Yours very truly,



Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 30th day of August, 1973

2-20-77

My Commission Expires


Notary Public