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

NEW MEXICO OIL CONSERVATION COMMISS
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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Repair Casing

Recompletion Oil Dry Gas + Acidize

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jack A-29</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Langhe Mattie 7 hours run</u>	Kind of Lease State, Federal or Free <u>NM-7486</u>	Lease No. <u>NM-7486</u>
Location Unit Letter <u>4</u> ; <u>1970</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>24S</u> Range <u>37E</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>Del Rio New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>El Paso, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>29</u>	Twp. <u>34</u>	Rge. <u>37</u>
	Is gas actually connected?		When <u>1-14-71</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.
<u>Recompleted</u>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded <u>7-27-70</u>	Date Compl. Ready to Prod. <u>12-29-70</u>	Total Depth <u>3590</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>3269 DF</u>	Name of Producing Formation <u>Langhe Mattie</u>	Top Oil/Gas Pay <u>3006'</u>		Tubing Depth <u>3505'</u>		Depth Casing Shoe		
Perforations								

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>371</u>	<u>225 cement</u>
<u>8 3/4"</u>	<u>7"</u>	<u>3409</u>	<u>900 cement</u>
	<u>2 3/8"</u>	<u>3505</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>12-29-70</u>	Date of Test <u>12-29-70</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure <u>35#</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>18 BO</u>	Water - Bbls. <u>2 BW</u>	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.

M. E. Workley
(Signature)
Administrative Supervisor
(Title)
March 10, 1971
(Date)
mmcc (5) File

OIL CONSERVATION COMMISSION

APPROVED MAR 11 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.
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.

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MAR 12 1971

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