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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I.

Operator CONTINENTAL OIL COMPANY	
Address P.O. Box 460 HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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 WELLS B-1	Well No. 4	Pool Name, Including Formation JALMAT GAS POOL	Kind of Lease FEDERAL	Lease No. 40 032582 (b)
Location				
Unit Letter I	1980	Feet From The SOUTH	Line and 660	Feet From The EAST
Line of Section 1	Township 25-S	Range 36 E	NMPM, LEA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TEXAS NEW MEXICO PIPE LINE	Box 1510, MIDLAND, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS COMPANY	EL PASO, TEXAS	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No When	

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.
		X	X					
Date Spudded 6-16-77	Date Compl. Ready to Prod. 7-8-77	Total Depth 3570'		P.B.T.D. 3053'				
Elevations (DF, RKB, RT, GR, etc.) GR 3215'	Name of Producing Formation JALMAT	Top Oil/Gas Pay 2849'		Tubing Depth 3004'				
Perforations 3064-3112' (SQUEEZED W/ 50 SX. CMT)				Depth Casing Shoe 3570'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1154'		575			
7 7/8"	5 1/2"		3570'		800			
	2 3/8"		3004'					

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 712	Length of Test 18 hrs.	Bbls. Condensate/MMCF —	Gravity of Condensate —
Testing Method (pilot, back pr.) ORIFICE WELL TESTER	Tubing Pressure (Shut-in) 190	Casing Pressure (Shut-in) —	Choke Size 2"

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.

Bar A. Lee
(Signature)
Admin. Supervisor
(Title)
8-31-77
(Date)

NMOCC, HOBBS (5) - ARCO-CHEVRON-AMOCO - FILE

OIL CONSERVATION COMMISSION

APPROVED **10**, 19
BY **Larry Sexton**
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 multiply completed wells.

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SEP 2 1977

OIL CONSERVATION COMM.
HOBBS, N. M.