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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE C. C.

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 11 1 44 PM '67

I. OPERATOR

Operator: **Continental Oil Company**

Address: **Box 450, Hobbs, New Mexico**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): **Change in name & well number - Formerly Sanderson B-9 No. 1 Unit effective 1-1-67**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Reed Sanderson Unit** Well No.: **16** Pool Name, including Formation: **Eumont** Kind of Lease: **Fed.** Lease No. _____

Location: Unit Letter **A** ; **660** Feet From The **North** Line and **660** Feet From The **East** Line of Section **9** Township **20S** Range **36E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : **Atlantic Pipe Line Co.** Address (Give address to which approved copy of this form is to be sent): **Box 1190, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas or Dry Gas : **Warren Petroleum Corp.** Address (Give address to which approved copy of this form is to be sent): **Monument, N. M.**

If well produces oil or liquids, give location of tanks. Unit: **N** Sec. **3** Twp. **20** Rge. **36** Is gas actually connected? **Yes** When: **NA**

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 Resrv. Diff. Resrv.

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.

William L. Smith
 Acting Staff Supervisor
 January 9, 1967

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Eric F. Engbrecht*
 SIGNED BY: ERIC F. ENGBRECHT
 ENGINEER DISTRICT No. 1

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.