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

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE OFFICE O. C. C.
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

460 2 25 1967

NAME CHANGE
 ATLANTIC P. L. CO.
 TO
 ARCO P. L. CO.
 EFF. 1-1-71

I. Operator
Continental Oil Company
 Address
P. O. Box 460, Hobbs, New Mexico

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

Other (Please explain) **Completed from Monument (C-SA) to Estom Pool. Permission is hereby requested to produce this well into common storage with wells on same lease currently prorated in Monument (C-SA) Pool.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sanderson "A"	Well No. 12	Pool Name, including Formation Amont Pool, Queen Formation	Kind of Lease Federal	Lease No. LC 031622(a)
Location Unit Letter P ; 660 Feet From The South Line and 650 Feet From The East				
Line of Section 14 Township 20S Range 36E , NMPM, _____ 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"/> Atlantic Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1193, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 20S	Rge. 36E
	Is gas actually connected? Yes		When 1-29-67	

If this production is commingled with that from any other lease or pool, give commingling order number: **2-643**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-14-66	Date Compl. Ready to Prod. 1-21-67	Total Depth 3920'	P.B.T.D. 3785'					
Elevations (DF, RKB, RT, GR, etc.) 3560 GL	Name of Producing Formation Queen	Top Oil/Gas Pay 3735'	Tubing Depth 3780'					
Perforations 3735-3740 and 3755-3760						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	10 3/4"	250'	250					
11"	7 5/8"	1,190'	425					
7 7/8"	5 1/2"	3,740'	425					
	2 3/8"	3,750'	000					

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 1-20-67	Date of Test 1-29-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 39	Oil - Bbls. 36	Water - Bbls. 0	Gas - MCF 28

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

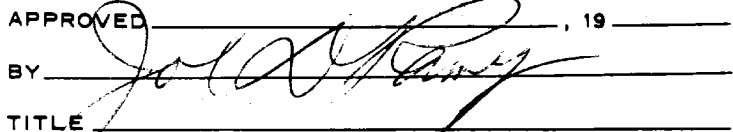
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 (Signature)
Staff Supervisor

(Title)
February 1, 1967

MOCC-5, Atl. Ros.-2, Pan Am.-Hobbs-2,
 Std.-Midland-2, File, JLN

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 multiply completed wells.