

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-1
 Effective 1-1-65

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

Company: Continental Oil Company
 Address: Box 400, Hobbs, New Mexico 88401
 Reasons for filing (Check proper box):
 New Well Change in Transporter of:
 Oil Dry Gas
 Deepened Well Drilling for Gas Condensate
 Change in Ownership

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

DESCRIPTION OF WELL AND LEASE

Lease Name: STATE KN-12 Well No.: 4 Pool Name, including Formation: EUMANT YATES Kind of Lease: State Federal or Fee B-10233
 Location: 1980' feet from the South line and 1650' feet from the West
 Plat Letter: K Line of Section: 12 Township: 19S Range: 30E Meridian: LEA County: _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: CONTINENTAL OIL SURFACE TRANSPORTATION Address: Hobbs, NM
 Name of Authorized Transporter of Drilling Gas or Dry Gas: EL PASO NATURAL GAS Address: EL PASO, TX
 If well produces oil or liquids, give location of tanks: Unit: N Sec: 12 Twp: 19 Rge: 30 Is gas actually connected? Yes When: 9-22-78

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Plug Rest. Well	<input type="checkbox"/> Full Rest. Well
Date of Completion	Date Compl. Ready to Prod.		Total Depth		F.B.P.D.			
Name of Formation	Name of Reservoir Formation		Top Oil/Gas Layer		Tubing Depth			
					Depth Gravel Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date of Test	Date of Test	Predicting Method (Flow, pump, gas lift, etc.)	
Length of Test	Surface Pressure	Casing Pressure	Choke Size
Actual Prod. during Test	Oil Prod.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. (std. MCF)	Length of Test	Well, Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Bern D. Lee
 (Signature)
 Administrative Supervisor
 (Title)
 MAR 0 1 1979
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1979, 19____
 BY Orig. Signed by Jerry Sexton
 TITLE Dist. L. Supv.

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 Sections I, II, III, and VI only 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.

NOV 15 (S) FILE