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

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

Operator: Continental Oil Company

Address: 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 Castinghead Gas Condensate

Other (Please explain): To Change well name from Jack a-20 No. 1 effective 5-1-68 formerly operated by Continental Oil Co.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Langlie Jack Unit Well No.: 12 Pool Name, including Formation: Langlie-Mattif Kind of Lease: Federal Lease No.: _____

Location: _____

Unit Letter: I 1980 Feet From The South Line and 660 Feet From The East

Line of Section: 20 Township: 24S Range: 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate _____ Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701

Name of Authorized Transporter of Castinghead Gas or Dry Gas _____ Address (Give address to which approved copy of this form is to be sent) Box 1384, Gal, New Mexico 88252

If well produces oil or liquids, give location of tanks. Unit: I Sec: 20 Twp: 24 Rge: 37 Is gas actually connected? Yes When: NA

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		

VI. 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 (pilot, back pr.): _____ Tubing Pressure (Shut-in): _____ Casing Pressure (Shut-in): _____ 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.

Nmccc-5 Partners-14 File

Joe L. Bartley
(Signature)
Adm. Sec. Chief
(Title)
May 1, 1968

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY: Joe L. Bartley

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.