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| FILE | | |
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| 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

| | | |
|---|---|-------------------------------------|
| Operator Continental Oil Company | | |
| Address P. O. Box 1621, Durango, Colorado | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------------|--|---|
| Lease Name Jicarilla 30 | Well No. 3 | Pool Name, including Formation Undesignated Dakota | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter J ; 1850 Feet From The South Line and 1850 Feet From The East Line of Section 32 , Township 23N Range 4W , NMPM, Rio Arriba 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"/> Shell Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mexico | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | | Is gas actually connected? |
| | | No |

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) | <input checked="" type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input checked="" type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'tv. | <input type="checkbox"/> Diff. Res'tv. |
| Date Spudded 9/25/65 | Date Compl. Ready to Prod. 10/21/65 | | Total Depth 7500' | | P.B.T.D. 7453' | | | |
| Pool Undesignated | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7129' | | Tubing Depth 6393' | | | |
| Perforations 7373-79', 7316-28', 7267-75', 7129-37' | | | | | Depth Casing Shoe 7500' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 213' | | 150 sacks | | | |
| 7 7/8" | 5 1/2" | | 7500' | | 805 sacks | | | |
| | 2 1/16" | | 6393' | | | | | |

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 10/21/65 | Date of Test 10/24/65 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test | Oil - Bbls. 27 | Water - Bbls. 17 BW | 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 | Casing Pressure | 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.

Original Signed By:
H. D. HALEY

(Signature)

District Manager

(Title)

10/26/65

(Date)

MOCC(4) JMC

OIL CONSERVATION COMMISSION

APPROVED **OCT 27 1965**

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 3**

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.