

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
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 Continental Oil Company	
Address 152 North Durbin, Casper, Wyoming 82601	
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 20	Well No. 5	Pool Name, Including Formation Undesignated - Gallup Undesignated - Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 64
Location Unit Letter <u>P</u> ; <u>620</u> Feet From The <u>East</u> Line and <u>390</u> Feet From The <u>South</u> Line of Section <u>20</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28
	Twp. 25N	Rge. 4W
	Is gas actually connected? Yes	
	When 2-4-72	

If this production is commingled with that from any other lease or pool, give commingling order number: R-4203

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-4-72	Date Compl. Ready to Prod. 2-7-72	Total Depth 7810'	P.B.T.D. 7661'					
Elevations (DF, RKB, RT, GR, etc.) RB	Name of Producing Formation Gallup & Dakota	Top Oil/Gas Pay 6636' - Gallup 7474' Dakota	Tubing Depth 7466'					
Perforations Dakota 7472-74', 7488-90-92-94', 7508-10-12', 7580-82', 7624-26', 7664-66-68', 7674-76-78-80-92 (21 shots). Gallup 6672-77 & 6704-09', 2 shots/ft.	Depth Casing Shoe 7809'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	238'		150				
7 7/8"	4 1/2"	7809'		1252				
	2 3/8"	7466'						

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 2-4-72	Date of Test 2-5-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 184 PSI	Casing Pressure 460 PSI	Choke Size None
Actual Prod. During Test 48	Oil-Bbls. 48	Water-Bbls. None	Gas-MCF 524

Allowable requested: 50 BOPD - commingling approved Administrative Order No. DHC-102,

GAS WELL dated December 30, 1971

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

Original Signed By:
EVERETT D. WILSON

(Signature)

Administrative Supervisor

(Title)

February 14, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1972, 19

BY Original Signed by 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 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.