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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: Box 420 Hobbs, New Mexico 88240  
 Reason for filing (check proper box):  
 New well  Change in Transporter of: Oil  Dry Gas  Other (Please explain) TRANSPORTER'S NAME CHANGE  
 Recompletion  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ART ARREBE "N"</u>	Well No. <u>9</u>	Pool Name, Including Formation <u>BLANCO P.G., 50.</u>	Kind of Lease State, Federal or Fee <u>INDIAN</u>	Lease No.
Location Unit Letter <u>C</u> <u>112</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>EAST</u> Line of Section <u>11</u> Township <u>25-N</u> Range <u>4-W</u> , NMPM, <u>R20 ARREBE</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>GAS COMPANY OF NEW MEXICO</u>	<u>7401 INTERNATIONAL BLDG. 1201 ELM ST. DALLAS, TEXAS 75276</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	When
			<u>3-7-74</u>

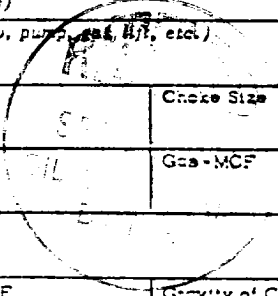
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

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

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	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
CAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Intake (piston, 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 herein is true and complete to the best of my knowledge and belief.

[Signature]  
 (Signature)  
[Signature]  
 (Title)  
September 7, 1976

OIL CONSERVATION COMMISSION

APPROVED SEP 15 1976, 19\_\_\_\_

BY \_\_\_\_\_ Original Signature of \_\_\_\_\_

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 production.