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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

110635
FEB 26 11 06 AM '65
O.C.C.

| | |
|--|---|
| Operator Continental Oil Company | |
| Address P. O. Box 460, Hobbs, New Mexico | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" 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 Berry 34 | Well No. 1 | Pool Name, Including Formation Gladiola East Field Wolfcamp Pool | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter N ; 860 Feet From The South Line and 1980 Feet From The West Line of Section 34 , Township 11-S Range 38-E , NMPM, Lea 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"/> Phillips Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental is purchasing gas to fire | Address (Give address to which approved copy of this form is to be sent) the treater. | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 34 |
| | Twp. 11 | Rge. 38 |
| | Is gas actually connected? No When | |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Workover | X | | | | | X | | X |
| Date 2-9-65 | Date Compl. Ready to Prod. 2-12-65 | Total Depth 12,135' | P.B.T.D. 12,050 | | | | | |
| Pool Wolfcamp | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 9480 | Tubing Depth 9,485' | | | | | |
| Perforations 9482, 9485, 9488, 9508, 9514, & 9596 W/1 JSPF | | | Depth Casing Shoe 5 1/2" @ 12,135' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17 1/2" | 13 3/8" | 365' | 225 | | | | | |
| 12 | 9 5/8" | 4433' | 1000 | | | | | |
| 7 7/8" | 5 1/2" | 12,135' | 1200 | | | | | |
| | 2 3/8" | 9,485' | | | | | | |

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 2/13/65 | Date of Test 2-16-65 | Producing Method (Flow, pump, gas lift, etc.) Pumped | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 60 BO | Oil-Bbls. 60 | Water-Bbls. 12 | Gas-MCF TSTM |

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.

NMOCC-5, SLO JM Partners -4

Signed: J. A. IVERSON

(Signature)

District Office Manager

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 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.