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

## NEW MEXICO OIL CONSERVATION COMMISSION

Form O-104

Supersedes Old O-104 and O-110

Effective 1-1-55

## REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE O. C. C.

JAN 10 8 27 AM '66

**ILLEGIBLE**

Continental Oil Company	
Address	
Box 460, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter or
Redesignation	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate
Change in Name and Well Designation	

If change of ownership give name and address of previous owner

## II. DESCRIPTIVE OF WELL AND LEASE

Lease Name	Well No., Pool Name, including Formation	Kind of Lease
Stevens B	8 Langlie Mattix	State, Federal or Free Federal
Location		
Unit Letter	660 Feet From The North Line and	660 Feet From The East
Line of Section	12 Township 23	Range 36
	N.M.P.M.	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)
Texas New Mexico Pipe Line Co.		Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.		Box 2105, Hobbs, N.M.
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Q	12
		23
		36
Is gas actually connected?	When	
Yes	6-21-62	

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performance					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
Formerly Stevens B-12 No. 8, redesignation effective January 1, 1966.								

## V. TEST DATA AND REQUEST FOR ALLOWABLE (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 (Pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

## GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

## VI. CERTIFICATION 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.

## OIL CONSERVATION COMMISSION

APPROVED

JAN 13 1966

BY

TITLE

Engineer District 7

This form is to be filed in compliance with RULE 114.

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 O-104 must be filed for each pool in multiply tested wells.

January 3, 1966

6000-5, Pan Am-3, Atl Ros-2

1000-10, 714-2