

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes OIL C-101 and OIL C-102
 Effective 1-1-65

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O. C. C.
 ARTESIA OFFICE

DISTRIBUTION
 SALES AREA
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL CAS
 OPERATOR
 PRODUCTION OFFICE

I. OPERATOR
 Operator: Continental Oil Company
 Address: 10000 North New Mexico Street
 Reason for filing: Change in Lease No. (Other please explain) Change in Lease No. and well location. Formerly HEARD NO. 4 effective 1-1-70
 New Well Change in Transporter of: Oil Dry Gas
 Recombination Oil Condensate
 Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: FOREST POOL UNIT Lease No. 163496 Well No. 21 Pool Name, including Formation: SQUARE LAKE G.S.A. Kind of Lease: Federal
 Location: Unit Letter N Section 990 Feet From The SOUTH Line and 1651 Feet From The WEST Line of Section 35 Township 16 Range 29, N.M.P.M., EDMON County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
~~Continental Oil Company~~ Address: ~~10000 North New Mexico Street~~
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
~~Continental Oil Company~~ Address: ~~10000 North New Mexico Street~~
 If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rge. H-34 16 29 Is gas actually connected? Yes When 1-1-70

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 ON 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: _____

GAS WELL
 Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate: _____
 Testing Method (plug back, etc.): _____ 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.
 OIL CONSERVATION COMMISSION
 APPROVED: W. A. Gressett 1970
 BY: W. A. Gressett
 TITLE: OIL AND GAS INSPECTOR
 This form is to be filed in compliance with RUI 7-1103.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the distribution of the well in accordance with RUI 7-111.
 All entries on this form must be filled out completely for the data on permit to be issued.
 Failure to file Section I, II, III, and V, if applicable, of this form will result in the well being considered as a non-compliant well.
 Section V, RUI 7-111 must be filed for each pool in which the well is completed.