

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

Form O-104
Supersedes Old O-101 and O-11
Effective 1-1-65

RECEIVED

JAN 13 1970

TA

O. C. C.
ARTESIA, OFFICE

I. OPERATOR
Continental Oil Company
Address
1000 W. 7th St. New Mexico 87102
Reason(s) for filing (Check in per box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change in Lease No. and Well Number. Formerly Donohue No. 1 effective 1-1-70

If change of ownership give name and address of previous owner
Highlands Corp.

II. DESCRIPTION OF WELL AND LEASE
Lease Name
FOREST POOL UNIT LC064832
Lease No. 1
Well No. 1
Pool Name, Including Formation
SQUARE LAKE G.S.A.
Kind of Lease
State, Federal or Fee
Federal
Location
Unit Letter P
330 Feet From The SOUTH Line and 660 Feet From The EAST
Line of Section 27 Township 16 Range 29, NMPM, EDNY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge. Is gas actually connected? 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)
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DE, 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

GAS WELL
Actual Prod. Test-MCF/D
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (pilot, 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.
Signature
Date
NM000(5) file

OIL CONSERVATION COMMISSION
JAN 23 1970
APPROVED
BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR
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 calculation of the deviation from the well in accordance with RULE 1104.
All sections of this form must be filled out completely for allowable computation to be made.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, completion or other such change of condition.
Separate Forms O-104 must be filed for each pool in multiple completion wells.