

OF COPIES RECEIVED	5
DISTRIBUTION	
T A F E	1
E	1
.G.S.	
ND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	3
ORATION 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

**RECEIVED**  
 JAN 5 1970

O. O. O.  
 ARTESIA, OFFICE

Operator  
 Continental Oil Company  
 Address  
 Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)  
 Formerly General American  
 Nunlee No. 3  
 Cr. 1

If change of ownership give name and address of previous owner  
 General American Oil Co. of Texas, Meadow Ridge  
 Dallas, Texas 75205

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease				
NUNLEE	LC-029195	3	SQUARE LAKE G-S.A.	State, Federal or Fee				
Location								
Unit Letter	J	1650 Feet From The	SOUTH Line and 2310 Feet From The	EAST				
Line of Section	35	Township	16	Range	29	NMPM,	EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
 NA  
 Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 NA  
 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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

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.

*[Signature]*  
 Administrative Services Chief  
 12-31-69  
 (Date)

Nunlee (5) file

OIL CONSERVATION COMMISSION

JAN 5 1970

APPROVED BY *[Signature]*, 19

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 condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.