

NO. OF COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	7
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

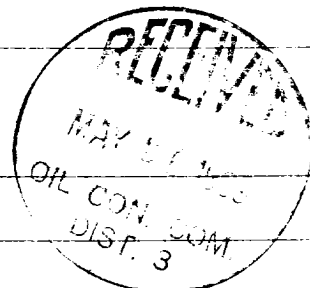
Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

BT

I.

Operator		Continental Oil Company	
Address		200 North Wolcott, Casper, Wyoming 82601	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Re-completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Jicarilla 28	Well No.	8	Pool Name, including Formation	Undesignated Dakota	Kind of Lease	Federal
						State, Federal or Fee	Lease #66
Location							
Unit Letter	C		890	Feet From The	N	Line and	1980
				Feet From The	W		
Line of Section	28	Township	25N	Range	4W	NMPM,	Rio Arriba
						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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Oil Company	P.O. Box 1588, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	28	25N	4W	Yes	5-15-69

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 Rec'y.	Diff. Rec'y.
	X		X					
Date Spudded	4-17-69	Date Compl. Ready to Prod.	5-15-69	Total Depth	7890'	F.B.T.D.	7855'	
Pool	7006' Gr., 7020' RB	Name of Producing Formation	Dakota	Top Oil/Gas Pay	7487'	Tubing Depth	7468'	
Perforations	1 jet per foot 7490-95', 7509-16', 7526-28' 7645-52', 7688-7701', and 7706-12'					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		238'		165			
7 7/8"	5 1/2"		7890'		870			
	2 3/8"		7468'					

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	5-15-69	Date of Test	5-18-69	Producing Method (Flow, pump, gas lift, etc.)	Flowing
Length of Test	24 hrs.	Tubing Pressure	185 Flowing	Casing Pressure	840 Flowing
Actual Prod. During Test	131	Oil-Bbls.	69	Water-Bbls.	62 (load water)
				Gas-MCF	181

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.

Original Signed By:
J. A. UBBEN

(Signature)

Administrative Section Chief

(Title)

May 20, 1969

(Date)

NMOCC(4) BEA File

OIL CONSERVATION COMMISSION

APPROVED

JUL 22 1969

By Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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 multiple completed wells.