

# CONTINENTAL OIL COMPANY

152 North Durbin Casper, Wyoming September 26, 1969

OIL OF

TO:

New Mexico Oil Conservation Commission

The following deviation surveys were run on Jicarilla 22 Well No. 3, located in Unit Letter D, Section 22, T25N, R4W, Rio Arriba County, New Mexico:

Deviation Angle	Depth (ft.)	<u>Deviation Angle</u>	Depth (ft.)	
1	1330	1 Degree	5480	
2	3026	1/2	58 <b>27</b>	
1-1/2	3310	1/2	6651	
1	3846	3/4	7376	
1/2	4196	1	7567	
1-1/4	4913	TD	79 <b>7</b> 5	
1-3/4	5198			

Very truly yours,

J. A. Ubben

Administrative Section Chief

Production Department

Casper Division

Signed and subscribed before me this 26th day of September 1969.

HWP/bjs

My commission expires April 23, 1973

(attach to form C-104)

#### 2000 SA NEW MEXICO OIL CONCERVATION COMMISSION Form C -104 Supersedes Old CHO and C-11 REQUEST FOR ALLOWABLE Effective 1-1-05 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND DEFICE TRANSPORTER -GAS OPERATOR PROBATION OFFICE Operator Continental Oil Company Address 152 North Durbin, Casper, Wyoming 82601 ) 2 9 186**9** Reason(s) for filing (Check proper box) Other (Please explain) OIL CON. COM. X Change in Transporter of: DIST. 3 Recompletion Oil Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner. U. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee Federal 3 Jicarilla 22 Undesignated Dakota 65 Location 890 \_;<u>890</u> Feet From The N Line and W Feet From The 25N 4W , NMPM, Rio Arriba Township County 22 Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) Shell Oil Company Name of Authorized Transporter of Casinghead Gas 🔊 or Dry Gas 🗔 El Paso Natural Gas Company P.O. Box 990, Farmington, New Mexico Twp. If well produces oil or liquids, 6-28-69 22 25N D 4. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Plug Back Same Res'v. Dift. Res'v. Gas Well New Well Workover Deepen Designate Type of Completion - (X) X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 6-5-69 6-28-69 79751 7950' Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oll/Gas Pay Tubing Depth 75701 7004' Gr., 7018' RB 75461 Dakota 7578-7583, 7587-7590, 7594-7611, 7 7751-7762, 7766-7777 and 7890-7900 7715-7724, Depth Casing Shoe 7975' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 277' 175 12 1/4" 7 7/8" 8 5/8" 7975' 5 1/2" 770 2 3/8" 75501 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of **Test** 6-28-69 8-8-69 Flowing - Plunger Lift Tubing Pressure Casing Pressure Length of Test 1" 24 hrs. Actual Prod. During Test Gas - MCI Oil-Bbls. Woter - Bble. 800 25 GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Choke Size Coaing Pressure (Shut-in) Testing Method (putot, back pr.) Tubing Pressure (Shut-is)

### 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

(Signatu	re)		
~			

Administrative	Section	Chief	
	(Title)		

September 26, 1969 (Date) This form is to be filed in compliance with RULE 1904.

SUPERVISOR DIST. #3

ay Unginal Signed by Emery C. Arnold

OIL CONSERVATION COMMISSION

APPROVED.

TITLE \_

SEP 2 9 1969

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.

numerate Forms C-164 must be filed for each pool in multiply completed with