

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-11  
Effective 1-1-65

B.K.

API 30-039-21669

Operator  
Address  
CONTINENTAL Oil Company  
P.O. Box 460 Hobbs, N.M. 88240

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 20	Well No. 6	Pool Name, including Formation W. LINDRITH GALLUP DAKOTA	Kind of Lease INDIAN CONTRACT State, Federal or Fee No. 648	Lease No.
Location Unit Letter N ; 960 Feet From The South Line and 1650 Feet From The West Line of Section 19 Township 25 N Range 4 W , NMPM, RIO ARRIBA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE OIL CO.	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) EL PASO, TX					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 25	Rge. 4	Is gas actually connected? YES	When 9-25-78

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8-19-78	Date Compl. Ready to Prod. 9-25-78		Total Depth 8250'		P.B.T.D. 8163'			
Elevations (DF, RKB, RT, GR, etc.) 7320' GR	Name of Producing Formation W. LINDRITH GALLUP DAKOTA		Top Oil/Gas Pay 6884		Tubing Depth			
Perforations 6930, 37, 60, 62, 71, 7000, 58, 84, 86, 88, 7110, 12, 30, 57, 79, 7213, 59 7752, 54, 56, 58, 7848, 48.5, 50, 52, 54, 7904, 04.5, 7932, 34, 45, 45.5, 50, 52, 54					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2" 2 3/8"	DEPTH SET 1012' 8215' 7940'	SACKS CEMENT 550 SX 1850 SX
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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)

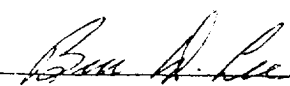
Date First New Oil Run To Tanks 9-25-78	Date of Test 9-8-78	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 12	Gas-MCF 36

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Supervisor

APR 11 1979 (Title)

(Date)

1000-(5) USGS  
rec DURANGO-(2) FILE

OIL CONSERVATION COMMISSION

APPROVED APR 12 1979 19

BY Original Signature of B. R. Kendrick

SUPERVISOR OF OIL

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.