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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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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

BT

**Continental Oil Company**

**P. O. Box 1621, Durango, Colorado 81301**

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)

If change of ownership give name  
and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Jicarilla 20</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Undesignated Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>K</b> ; <b>1754</b> Feet From The <b>South</b> Line and <b>2090</b> Feet From The <b>West</b> Line of Section <b>18</b> , Township <b>25N</b> Range <b>4W</b> , NMPM, <b>Rio Arriba</b> 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"/> <b>Shell Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1588, Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, Farmington, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>20</b>	Twp. <b>25N</b>	Rge. <b>4W</b>	Is gas actually connected? <b>No</b>	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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Perforated <b>10/28/65</b>	Date Compl. Ready to Prod. <b>5/5/66</b>		Total Depth <b>8100'</b>		P.B.T.D. <b>7757'</b>			
Perforations <b>Undesignated</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>6908'</b>		Tubing Depth <b>7000'</b>			
Perforations <b>7205-10', 7185-99', 7127-39', 7068-76', 7052-56', 7033-42', 6967-71', 6945-53', 6908-22'</b>					Depth Casing Shoe <b>8100'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>395'</b>		<b>400 sacks</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>8100'</b>		<b>1000 sacks</b>			
	<b>2 3/8"</b>		<b>7000'</b>					

**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 <b>5/5/66</b>	Date of Test <b>5/5/66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>304</b>	Casing Pressure <b>800+</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil-Bbls. <b>246</b>	Water-Bbls. <b>494 NLW</b>	Gas-MCF <b>541 (est.)</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Oil-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.

Original Signed by  
**BEN W. SMITH**  
(Signature)

**Assistant District Manager**  
(Title)

**May 25, 1966**  
(Date)

NMOCC (5) JMG

OIL CON. COM.  
DIST. 3

OIL CONSERVATION COMMISSION

APPROVED

BY

**5-25, 1966**  
**C. R. Kendrick**  
TITLE **PETROLEUM ENGINEER DIST. NO. 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.