

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-110
Effective 1-1-65

I. Operator CONTINENTAL Oil Company
Address Box 460, Hobbs, N.M. 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) CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-1-74
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PEARSON BX</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>MALJAMAR G-SA</u>	Kind of Lease State, Federal or Fee <u>LC 058514</u>	Lease No.
Location Unit Letter <u>A</u> : <u>460</u> Feet From The <u>NORTH</u> Line and <u>860</u> Feet From The <u>EAST</u> Line of Section <u>34</u> Township <u>T-17S</u> Range <u>R-32E</u> , NMPM, <u>LEA</u> 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"/> <u>TEXAS NEW MEXICO Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, TEXAS 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	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 <u>A</u>	Sec. <u>34</u>
	Twp. <u>17</u>	Rge. <u>32</u>
	Is gas actually connected? <u>NO</u> 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>4-19-74</u>	Date Compl. Ready to Prod. <u>5-29-74</u>	Total Depth <u>4475</u>	P.B.T.D. <u>4437</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3954 GR</u>	Name of Producing Formation <u>Grayburg San Andres</u>	Top Oil/Gas Pay <u>4120</u>	Tubing Depth <u>4400</u>					
Perforations <u>4326-4348, 4258-4268, 4286-4311, 4121, 27, 33, 39, 451, 51, 54, 66, 4172</u>	Depth Casing Shoe <u>4475</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/2</u>	CASING & TUBING SIZE <u>11 3/4</u>		DEPTH SET <u>1100</u>		SACKS CEMENT <u>600</u>			
	<u>5 1/2</u>		<u>4471</u>		<u>500</u>			
	<u>2 3/8</u>		<u>4400</u>					

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 <u>6-27-74</u>	Date of Test <u>7-13-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24</u>	Tubing Pressure —	Casing Pressure —	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>50</u>	Water-Bbls. <u>68</u>	Gas-MCF <u>757M</u>

GAS WELL

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

B. Dille
(Signature)
Dr. Staff
(Title)
7-16-74
(Date)
Nmccc(5) 456521 file

OIL CONSERVATION COMMISSION
APPROVED [Signature] 19____
BY [Signature]
TITLE SUPERVISOR

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.

7-16-74

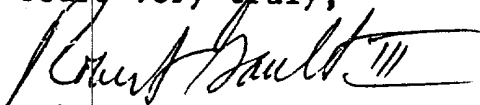
New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's PEARSAIL BX No. 3, located in Unit Section 34, Lea County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>224</u>	<u>1/4</u>	<u>3074</u>	<u>1 1/2</u>	<u> </u>	<u> </u>
<u>459</u>	<u>1/2</u>	<u>3326</u>	<u>1 1/2</u>	<u> </u>	<u> </u>
<u>576</u>	<u>1/2</u>	<u>3487</u>	<u>2</u>	<u> </u>	<u> </u>
<u>796</u>	<u>3/4</u>	<u>3959</u>	<u>1 3/4</u>	<u> </u>	<u> </u>
<u>1016</u>	<u>1</u>	<u>4169</u>	<u>1 3/4</u>	<u> </u>	<u> </u>
<u>1345</u>	<u>1 1/2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>1590</u>	<u>1 3/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>1740</u>	<u>1 3/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2402</u>	<u>2 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2611</u>	<u>2 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2852</u>	<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yours very truly,



Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 16 day of July, 1974.

7-4-76
My Commission Expires


Notary Public