

DISTRIBUTION	
SARTAFEL	
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-101 and C-110
Effective 1-1-65

JUL 31 11 50 AM '69
U.S.G.S.

Operator:
Continental Oil Company
Address:
P. O. Box 460, Hobbs, New Mexico 88240

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

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE *34.03 1111*

Lease Name EAVES "B" 1	Well No. 14	Pool Name, including Formation SCARBOROUGH YATES SEVEN RIVERS	Kind of Lease FEDERAL	Lease No. LC-030168-1
Location Unit Letter E ; 1980' Feet From The North Line and 660' Feet From The WEST				
Line of Section 31 Township 26S Range 37E , NMPM, Lea 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Dal., N. Mex.			
If well produces oil or liquids, give location of tanks. Unit C Sec. 30 Twp. 26S Rge. 37E	Is gas actually connected? Yes	When 11-12-66		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-28-69	Date Compl. Ready to Prod. 7-14-69	Total Depth 3322'			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) 2925' DF	Name of Producing Formation YATES	Top Oil/Gas Pay 3178'			Tubing Depth 3288'			
Perforations 3178', 3198', 3205', 3216', 3222', 3231', 3244', 3262', 3270', 3278', 3286', W/1 JSPE.					Depth Casing Shoe 3322'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	500'	175
7 7/8"	5 1/2" 2 3/4"	3322' 3288'	175

TEST DATA AND REQUEST FOR ALLOWABLE (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

Date First New Oil Run To Tanks 7-16-69	Date of Test 7-28-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 28	Water - Bbls. 104	Gas - MCF

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.

M. E. Yeakley
(Signature)
Administrative Section Chief
(Title)
7-31-69
(Date)

OIL CONSERVATION COMMISSION

AUG 1 1969

APPROVED _____, 19____
BY **John W. Runyan**
TITLE **Geologist**

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.

977 CC-5
W. P. Co. 2
Chas. Mid 2
File