

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes OIL C-104 and O-101
 Effective 1-1-65

RECEIVED
 JAN 13 1970

(SF)

O.C.C.
 ARTESIA, OFFICE

DISTRIBUTION	5
SANITATE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROVATION OFFICE	

I. OPERATOR
 Operator: Continental Oil Company
 Address: 10000 7th Ave New Mexico 87100
 Reason(s) for filing (check appropriate):
 New Well Change in Transporter of: Oil Dry Gas
 Recombination Castorhead Gas Condensate
 Change in Ownership Other (Please explain): Change in Lease from old well number. Formerly Levers B No. 10 effective 1-1-70

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

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: FOREST POOL UNIT Lease No.: Le0372776 Well No.: 17 Pool Name, including Permition: SQUARE LAKE G.S.A. Kind of Lease: Federal
 Location: Unit Letter N; 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line of Section 34 Township 16 Range 29, NMPM, EDM County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
~~Continental Oil Company~~ Address (Give address to which approved copy of this form is to be sent): ~~10000 7th Ave New Mexico 87100~~
 Name of Authorized Transporter of Castorhead Gas or Dry Gas
~~None~~ 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 17 34 16 29 Is gas actually connected? When:

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

[Signature]
 1-13-70
 NMOCC (5) file

OIL CONSERVATION COMMISSION
 APPROVED: JAN 23 1970, 19
 BY: W. A. Gressett
 TITLE: OIL AND GAS INSPECTOR

THIS FORM IS TO BE FILED IN COMPLIANCE WITH RULE 1107.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a detailed log of the well in accordance with the well log rules, W-101, 111.
 All other information must be filled out completely for the information of the Commission.
 Full details of the rules and regulations of the Commission are available in the Commission's Handbook of Rules and Regulations, O-104, and in the Handbook of Procedures, O-105.