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TRANSPORTER	OIL	
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NEW MEXICO OIL CONSERVATION COM. ON  
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

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APR 14 1969

(51)

Operator <u>Continental Oil Company</u>		O. C. C. ARTESIA OFFICE
Address <u>Box 460, Hobbs, New Mexico</u>		30-015-02795
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective 4-1-69

If change of ownership give name and address of previous owner Highland Corporation, Artesia, New Mexico  
3926 Wilshire Blvd.  
Los Angeles, Calif.

Lease Name <u>DONOHUE</u>		Well No. <u>3</u>	Pool Name, including Formation <u>FOREST SAN ANDRES</u>	Kind of Lease <u>FEDERAL</u>	Lease No. <u>064832</u>
Location					
Unit Letter <u>J</u>	<u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u>				
Line of Section <u>34</u>	Township <u>16S</u>	Range <u>29</u>	NMPM, <u>EDDY</u>	County	

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<u>TEXAS NEW MEXICO PIPELINE CO.</u>		<u>Box 1510 MIDLAND, TEXAS</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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>0</u>	Sec. <u>34</u>	Twp. <u>16</u>	Rge. <u>29</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: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, 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					

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	

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	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>APR 15 1969</u> , 19	
<u>M. E. Greshley</u> (Signature) <u>Administrative Section Chief</u> (Title) <u>April 11, 1969</u> (Date)		BY <u>W. A. Gussett</u> OIL AND GAS INSPECTOR	
		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.	