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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-1  
Effective 1-1-65

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OCT - 1 1971

Operator <b>Continental Oil Company</b>	
Address <b>Box 460, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

Oil and Natural Gas Conservation Comm.  
Other (Please explain)

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Emmont Hardy Unit</b>	Lease No. <b>48</b>	Well No. <b>Emmont Yates 7 Rivers Green</b>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee
Location			
Unit Letter <b>H</b>	<b>1492</b> Feet From The <b>North</b> Line and <b>560</b> Feet From The <b>East</b>		
Line of Section <b>6</b>	Township <b>21S</b>	Range <b>37E</b>	NMPM, <b>Lea</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 Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1210 Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 68 Monmouth, New Mex</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>36</b>	Tw. <b>20</b> Rge. <b>37</b>
	Is gas actually connected?		When <b>N/A</b>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>9-3-71</b>	Date Compl. Ready to Prod. <b>9-19-71</b>	Total Depth <b>3827'</b>		P.B.T.D. <b>3790'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3463' gr</b>	Name of Producing Formation <b>Seven Rivers</b>	Top Oil/Gas Pay <b>3716'</b>		Tubing Depth <b>3741'</b>					
Perforations <b>3716', 18', 21', 30', 32', 3735'</b>		Depth Casing Shoe <b>3827'</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE <b>12 1/2"</b> <b>7 7/8"</b>	CASING & TUBING SIZE <b>8 5/8"</b> <b>5 1/2"</b> <b>2 3/8" xby</b>		DEPTH SET <b>518'</b> <b>3827'</b> <b>3741'</b>		SACKS CEMENT <b>300 S/KS - Circ</b> <b>300 S/KS</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>9-19-71</b>	Date of Test <b>9-23-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>120</b>	Water - Bbls. <b>108</b>	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	Casing Pressure	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.

**E. Hardy**  
(Signature)  
**Administrative Supervisor**  
(Title)  
**September 24, 1971**  
(Date)  
NOGCC-5  
FILE **E. Hardy Partners (9)**

OIL CONSERVATION COMMISSION

APPROVED **SEP 27 1971**, 19  
BY **[Signature]**  
TITLE **SUPERVISOR DISTRICT I**

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.