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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
110885 OFFICE 8.6.8:
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Dec 12 7 53 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Continental Oil Company
Address
P. O. Box 460, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐ **Subject well converted from in-**
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **jection well to producing status.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baish A	Well No. 4 Pool Name, Including Formation Baish-Yates	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter G ; 2310 Feet From The North Line and 2310 Feet From The East Line of Section 21 , Township 17S Range 32E , NMPM, Lea 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"/> Continental Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 410, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company Maljamar Gasoline Plant No. 60	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks. Unit J Sec. 21 Twp. 17S Rge. 32E	Is gas actually connected? Yes When NA

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 type="checkbox"/> Workover <input checked="" 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 2-7-48	Date Compl. Ready to Prod. 3-13-48	Total Depth 2,510	P.B.T.D. 2,469
Pool Baish	Name of Producing Formation Yates	Top Oil/Gas Pay 2,358	Tubing Depth 2,321
Perforations Open Hole			Depth Casing Shoe 7" @ 2,299
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10 3/4"	70'	50 sacks
8 3/4"	7"	2,299'	175 sacks
	2 3/8"	2,321'	

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 11-20-66	Date of Test 11-20-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 40	Casing Pressure 40	Choke Size Open
Actual Prod. During Test 5	Oil-Bbls. 5	Water-Bbls. 10	Gas-MCF 1.6

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

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 OF STAFF SUPERVISOR
(Signature)

Staff Supervisor
(Title)

December 9, 1966
(Date)

NMOCC (5) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____
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 Sections I, II, III, and VI only 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.