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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-104 and C-110
Effective 1-1-65

I. Operator Continental Oil Company
Address P.O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Commission order # R-2403 authorizing us to convert this gas injection well to a producing well.
New Well ☐ Change In Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change In Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>WACA Unit #3</u>	<u>38</u>	<u>mlg. GAA Rps.</u>	State, <input checked="" type="radio"/> Federal or Fee	<u>LC-029519(6)</u>
Location				
Unit Letter <u>F</u>	<u>2555</u> Feet From The <u>North</u> Line and <u>2615</u> Feet From The <u>West</u>			
Line of Section <u>22</u>	Township <u>17S</u>	Range <u>32-E</u> , NMPM,	<u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Jessee New Mexico Pipeline Co.</u>	<u>P.O. Box 1510, Muskogee, Okla.</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)					
<u>Conoco Midland Pipeline #60</u>	<u>P.O. Box 2197, Houston, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>27</u>	<u>17</u>	<u>32</u>	<u>yes</u>	<u>NA</u>

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>2-8-71</u>	Date Compl. Ready to Prod. <u>2-12-71</u>	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>4000 BL</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay	Tubing Depth					
Perforations <u>3782-3818</u>		<u>3782</u>	<u>3819</u>					
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/8"</u>	<u>8 3/4"</u>	<u>875'</u>	<u>14/1500</u>
<u>8 3/4"</u>	<u>7"</u>	<u>3699'</u>	<u>14/1500</u>
<u>11"</u>	<u>5 1/2" James</u>	<u>3679-3704</u>	<u>14/1500</u>
	<u>2 3/4"</u>	<u>3819'</u>	

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 <u>2-12-71</u>	Date of Test <u>3-15-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Surgeing</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>43</u>	Water - Bbls. <u>404</u>	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

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.

M. E. Yeakley
(Signature)
Administrative Supervisor
(Title)
March 19, 1971
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 22 1971, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT

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