DISTRIBUTION SANTAFE

'EW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

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

	FILE				AND	LOWADEL		Effective 1-1-65		
	U.S.G.S.		<u> </u>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE	T		4						
	TRANSPORTER	OIL	 							
	OPERATOR	GAS	 	-{						
	PRORATION OF									
1.	Operator Operator									
	Continental Oil Company									
	Address									
	Box 460, Hobbs, New Mexico 88240									
	Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well	\bowtie		Change in Transporter of:						
	Recompletion			Oil Dry	Gas 🔲					
	Change in Ownership	:		Casinghead Gas Cond	lensate 🔲					
	If change of owners	hin aiva				<u> </u>				
	and address of prev.									
II.	DESCRIPTION OF	ESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease 2								
		. , ,	01.	1 1		1	Lease Ju ederal or Fee	Lease No		
	Location		My -	3 280 moli G-	A Keg	or. State, r	ederal of Fee	LC+05721		
			0 ~ 1	~			_			
	Unit Letter _ C		: 156	5 Feet From The Marth	ine and/	345 Feet 7	rom The	est		
	Line of Section	20	Tov	mship /7-5 Range	22	, NMPM,	1.			
	Eme of beetion	J. 8	104	Miship //- 3 Range	32-2	, NMPM,	Lec-	County		
III.	DESIGNATION OF	TRAS	KSPORT	ER OF OIL AND NATURAL G	10					
	Name of Authorized 7	Fransport	er of Cil	or Condensate	Address (Give address to which a	pproved copy o	of this form is to be sent)		
	To 1 - 20	The Man Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas					_	·		
	Name of Authorized T	Fransport	er of Cas	inghead Gas or Dry Gas	Address	Give address to which a	pproved copy o	of this form is to be sent,		
	Maljama	, 17.	and:	· Plant	1 -					
	If well produces oil o	r liquids		Unit Sec. Twp. Ege.	Is gas de	1206 malgo	When	y, mey.		
	give location of tanks		•	C 127 17 32	40	2	NA	7		
	If this production is	commin	oled wit	h that from any other lease or pool	give comm	vincting arder number	1			
IV.	COMPLETION DA	TA		that from any other rease or poor	, give comm	migring order number:				
	Designate Type	of Co	mnlatia	Oil Well Gas Well	New Well	Workover Deeper	Plug Ba	ck Same Restv. Diff. Rest		
		e or Co	mpietio		X					
	Date Spudded			Date Compl. Ready to Prod.	Total Dep		P.B.T.D			
	4-1/- Elevations (DF, RKB,	- <i>11</i>		4-26-71 Name of Producing Formation	4	175	_ _	4130'		
	Elevations (DF, RKB,	RT. GR	etc.,	Name of Producing Formation	Top Oil/C	Gas Pay	Tubing I	Depth		
ļ	3977	GR		Graylura - Son Only	<u> </u>	810		605		
	Perforations 38 101, 21, 30, 46, 52, 63, 68, 39181, 26, 35, 76, 88, 46031 Depth Casing Shoe									
-	11, 55, 67, 44080 41/158/-									
- }				TUBING, CASING, AN	D CEMENT	ING RECORD				
-	HOLES			CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
- }	12/2			878 Ca-	ļ	905		450		
}		8		5 1/3" Cag 2 1/3" Ely		¥175		300		
}						3605				
ا			1		<u> </u>					
	TEST DATA AND OIL WELL	REQUI	EST FO	2 ALLOWABLE (Test must be able for this d	fter recovery	of total volume of load	oil and must b	e equal to or expeed top allow		
	Date First New Cil Ru	in To Ta	nka	Date of Test		Method (Flow, pump, ga	s lift etc.)			
	4-26-				/ rouseing	Tlower				
ŀ				4-29-7/ Tubing Pressure	Casing Pr	essure	Choke S!	7.0		
	2 4				90					
ļ	Actual Prod. During T			/2 () Oll-Bbls.	Water - Bbl	8.	(9-7) Gas-MO	<u> </u>		
			1	124		5 9	1	78		
•		· ——			<u> </u>			<i></i>		
	GAS WELL				•		-			
	Actual Prod. Test-MC	F/D		Length of Test	Bbis. Cond	iensate/MMCF	Gravity o	of Condensate		
Ĺ					1					
	Testing Method (pitot,	back pr.	.)	Tubing Pressure (Shut-in)	Casing Pre	(al-ind2) ouese	Choke St	2.3		
L	······································									
1. (CERTIFICATE OF	COMP	LIANC	E		OIL CONSER	VATION C	OMMISSION		
				·		MAY	3 1971			
	hereby certify that the rules and regulations of the Oil Conservation			APPROVED, 19						
(mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.			To the second second						
•	ove is the and complete to the best of my knowledge and better.				BY TO THE TOTAL OF					
	1- 1			TITLE.	TITLE SUPERVISOR DISTRICT					
				This form is to be filed in compliance with RULE 1104.						
	Jul Ingre			If this is a request for allowable for a newly drilled or despended						
	0 1	(Signature)				well, this form must be accompanied by a tabulation of the deviation				
	adm &	adm Supervisor				tests taken on the well in accordance with RULE 111.				
-		(Title)				All sections of this form must be filled out completely for ellow- eble on new and recompleted wells.				
	4-29	4-29-71				Fill out only Sections I, II, III, and VI for changes of owner,				
)	NOCC-5		(Date)	well name or number, or transporter or other such change of condition.					
		0			• •		just be filed	for each pool in multiply		
	men, Ji	·C>		•	l complete	G P.C.IIB.				

RECEIVED

APRE 197.

OIL CONSERVATION COMM. HOBBS, W. M.