

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

Operator <i>Continental Oil Company</i>	
Address	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name <i>Pearl B</i>	Well No. Pool Name, Including Formation <i>4 Maljamar (G-SA)</i>	Kind of Lease <i>LC 058697 (6)</i>	Lease No.
Location			
Unit Letter <i>N</i> ; <i>380</i> Feet From The <i>South</i> Line and <i>2310</i> Feet From The <i>West</i>			
Line of Section <i>25</i> Township <i>17-S</i> Range <i>32-E</i> , NMPM, <i>Lea</i> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
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)					
<i>Navajo Crude Oil Purchasing Co (Trunk)</i>	<i>Artesia NM</i>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<i>Continental Oil Co, Maljamar Deadline Plant</i>	<i>Box 2197 Houston, TX</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>	Sec. <i>25</i>	Twp. <i>17</i>	Rge. <i>32</i>	Is gas actually connected? <i>yes</i>	When <i>8-2-77</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

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 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	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

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	Date of Test <i>8-9-77</i>	Producing Method (Flow, pump, gas lift, etc.) <i>pumping</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure	Casing Pressure	Choke Size <i>3 2/64</i>
Actual Prod. During Test	Oil-Bbls. <i>93</i>	Water-Bbls. <i>56</i>	Gas-MCF <i>182</i>

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.	
<i>Bern H. Lee</i> (Signature) <i>Administrative Supervisor</i> (Title) <i>August 12, 1977</i> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19__	
BY <i>John W. Runyan</i> Geologist	
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.	

11565 (2) File

RECEIVED

APR 11 1977
OIL CONSERVATION COMM.
HOBBS, N. M.