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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 <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 460, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PEARL B</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>MAJAMAR G-5A</u>	Kind of Lease State, Federal or Fee <u>LC 0586 97(6)</u>	Lease No.
Location				
Unit Letter <u>M</u>	<u>660</u>	Feet From The <u>South</u> Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>25</u>	Township <u>17S</u>	Range <u>32E</u>	NMPM, <u>LCR</u>	County

II. 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)					
<u>NAVAJO CRUDE OIL PURCHASING</u>	<u>NORTH FREEMAN AVE., ARTESIA, N.M.</u>					
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)					
<u>CONTINENTAL OIL CO. MAJAMAR PLANT #60</u>	<u>Box 2197, Houston, TEXAS</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>25</u>	Twp. <u>17</u>	Rge. <u>32</u>	Is gas actually connected? <u>Yes</u>	When <u>9-21-77</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>8-11-77</u>	Date Compl. Ready to Prod. <u>9-9-77</u>		Total Depth <u>4488</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3965 GR</u>	Name of Producing Formation <u>MAJAMAR G-5A</u>		Top Oil/Gas Pay <u>4204</u>		Tubing Depth <u>4424</u>			
Perforations <u>4388, 90, 92, 96, 98, 4400, 02, 4205, 09, 13, 17, 211, 25, 29, 32, 49, 53, 57, 60, 91, 95, 99, 4303, 4388-4402</u>					Depth Casing Shoe <u>4488</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>1170</u>		<u>600</u>			
<u>7 5/8</u>	<u>5 1/2</u>		<u>4488</u>		<u>1500</u>			
	<u>2 7/8</u>		<u>4424</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>9-21-77</u>	Date of Test <u>9-22-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>16</u>	Water-Bbls. <u>491</u>	Gas-MCF <u>TSTM</u>

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.

Bern A. Lee  
(Signature)  
Administrative Supervisor  
(Title)  
9-26-77  
(Date)

Nmcc (5) USGS (2) File

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1977, 19  
BY Larry Smith  
TITLE SUPERVISOR

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.

NOV 21 1977  
OIL CONSERVATION COMM.  
HOBBBS, N. M.

## INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS P.O. Box 460, Hobbs, New Mexico 88240LEASE NAME Pearl "B" #5 WELL NO. 5 FIELD LOCATION Section 25, T-17S, R-32E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
250	1/2	2.1750	2.1750
583	1/2	2.8971	5.0721
983	1/2	3.4800	8.5521
1170	1/4	.8228	9.3749
1643	3/4	6.1963	15.5712
2108	3/4	6.0915	21.6627
2606	1	8.7150	30.3777
2791	1 1/4	4.0330	34.4107
3290	1 1/4	10.8782	45.2889
3789	1 1/4	10.8782	56.1671
4259	1	8.2250	64.3921
4450	1	3.3425	67.7346

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

*Garlin Taylor*  
 TITLE Garlin Taylor, Admn. Asst.

## AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor  
 known to me to be the person whose name is subscribed herebelow, who, on making  
 deposition, under oath states that he is acting for and in behalf of the operator  
 of the well identified above, and that to the best of his knowledge and belief such  
 well was not intentionally deviated from the true vertical whatsoever.

*Garlin Taylor*  
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 22nd day of August, 19 77

MY COMMISSION EXPIRES MARCH 1, 1980

*James L. Miquick*  
 Notary Public in and for the County  
 of Lea, State of New Mexico

SEAL