

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator
CONTINENTAL OIL COMPANY

Address
Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change In Transporter of:		Other (Please explain.)
Recompletion	☐	Oil	☐	Change in Well Name and
Change In Ownership	☐	Casinghead Gas	☐	Number. Formerly
		Dry Gas	☐	STATE X-22 No. 1
		Condensate	☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAST E.K. UNIT	Well No. 5	Pool Name, Including Formation E.K. Pined, EAST	Kind of Lease State, Federal or Fee STATE	Lease No. E-302-3
Location Unit Letter 0 ; 330 Feet From The SOUTH Line and 1980 Feet From The EAST				
Line of Section 22 Township 18S Range 34E N.M.P.M. 10N County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS NEW MEXICO PIPE LINE	Address (Give address to which approved copy of this form is to be sent) Box 1570, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ CONTINENTAL OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 100, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit 5	Sec. 22
	Twp. 18	Rge. 34E
	Is gas actually connected? Yes	
	When 3-1-69	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

John D. Ingram
(Signature)
Administrative Section Chief
(Title)
9-18-69
(Date)

more (5) file

OIL CONSERVATION COMMISSION

APPROVED **SEP 2 1969** 19

BY **John D. Ingram**

TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RULE 1101.

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.