

DISTRIBUTION	
SALE TAX	
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-11  
Effective 1-1-65

Operator CONTINENTAL OIL COMPANY	
Address BOX 460, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name PEARL B	Well No. 7	Pool Name, including Formation MADAMAN G-SA	Kind of Lease State, (Federal) or Fee	Lease No. LC 058697 (B)
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 30 Township 17S Range 33E , NMPM, LCA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVARO Refining	Address (Give address to which approved copy of this form is to be sent) NORTH FREEMAN AVE. ALBUQUERQUE NEW MEXICO	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONTINENTAL OIL COMPANY MADAMAN GAS LIFT UNIT	Address (Give address to which approved copy of this form is to be sent) BOX 2197, HOUSTON, TEX	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. N 25 17 32	Is gas actually connected? YES	When 11-21-77

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8-31-77	Date Compl. Ready to Prod. 11-21-77		Total Depth 4500		P.B.T.D. 4490			
Elevations (DF, RKB, RT, CR, etc.) 4014 GR	Name of Producing Formation Grayburg SAN ANDRES		Top Oil/Gas Pay 4424		Tubing Depth 4500			
Perforations 4425, 27, 31, 34, 54, 58, 62, 66, 70, 74, 78					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1176	586
	5 1/2	4500	375
	2 7/8	4500	

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 11-21-77	Date of Test 11-30-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HRS	Tubing Pressure 25 #	Casing Pressure 25 #	Choke Size —
Actual Prod. During Test	Oil-Bbls. 11	Water-Bbls. 57	Gas-MCF 10

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

1. 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 H. Lee  
(Signature)  
ADMINISTRATIVE SUPERVISOR  
(Title)  
12-12-77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multi-


## INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS P.O. Box 460, Hobbs, New Mexico 88240  
 LEASE NAME Pearl "B" WELL NO. 7 FIELD \_\_\_\_\_  
 LOCATION Section 30, T-17S, R-33E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
238	1/4	1.0472	1.0472
473	1/2	2.0445	3.0917
909	1/2	3.7932	6.8849
1176	1	4.6725	11.5574
1653	1	8.3475	19.9049
2149	1 1/4	10.8128	30.7177
2557	1 1/4	8.8944	39.6121
2866	1 1/2	8.0958	47.7079
3423	1 1/4	12.1426	59.8505
3825	1 1/4	8.7636	68.6141
4500	1 1/2	17.6850	86.2991

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

  
 TITLE Garlin Taylor, Admn. Asst.

## AFFIDAVIT:

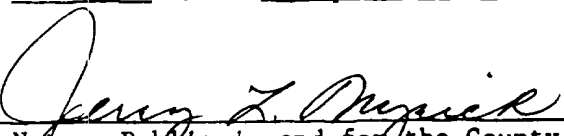
Before me, the undersigned authority, appeared Garlin Taylor  
 known to me to be the person whose name is subscribed herebelow, who, on making  
 deposition, under oath states that he is acting for and in behalf of the operator  
 of the well identified above, and that to the best of his knowledge and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

  
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 13th day of September, 1977

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

  
 Notary Public in and for the County  
 of Lea, State of New Mexico