

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-11
Effective 1-1-65

I. OPERATOR

Operator
Continental Oil Company

Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State H-35	Well No. 10	Pool Name, Including Formation Vacuum G-SA	Kind of Lease State, Federal or Fee	Lease No. B-3196
Location Unit Letter G : 2030 Feet From The North Line and 1790 Feet From The East.				
Line of Section 35 Township 17 S Range 34 E , NMPM, Lea. County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line	Address (Give address to which approved copy of this form is to be sent) Midland, Texas Box 1073					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit NE 1/4	Sec. 35	Twp. 17	Rge. 34	Is gas actually connected? NO	When

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded work started 6-16-70	Date Compl. Ready to Prod. 7-8-70	Total Depth 6750	P.B.T.D. 6030					
Elevations (DF, RKB, RT, CR, etc.) H022' DF	Name of Producing Formation Grayburg-SA	Top Oil/Gas Pay H438	Tubing Depth 4480					
Perforations 4671, 4681, 4686, 4693, 4698, 4705, 4712, 4716			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 15 6 3/4	CASING & TUBING SIZE 10 3/4 4 1/2 2 7/8 1	DEPTH SET 1596 6750 6750 4480	SACKS CEMENT 540 1725 5X 1 1/2 4 1/2 x 2 7/8 - 2 stages					

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 7-8-70	Date of Test 7-14-70	Producing Method (Flow, pump, gas lift, etc.) Hydraulic Pump	
Length of Test 24	Tubing Pressure 150 #	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 32	Water-Bbls. 31	Gas-MCF 23

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.

M. E. [Signature]
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
(Date)

NMOCC (5)
File.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]
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.

RECEIVED

JUL 1 1970

OIL CONSERVATION CENTER
1000 14th St.