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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
Continental Oil Company

Address
PO Box 460 Hobbs, NM 88248

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name **Reed A-3** Lease No. _____ Well No. **1** Pool Name, including Formation **Eumont Queen** Kind of Lease **NM 1150**
 State, Federal or Fee

Location
 Unit Letter **A** **460** Feet From The **North** Line and **660** Feet From The **East**
 Line of Section **3** Township **20S** Range **36E**, **NMPL**, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Atlantic Pipeline Co Address (Give address to which approved copy of this form is to be sent)
Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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 **H** Sec. **3** Twp. **20** Rge. **36** Is gas actually collected? _____ When _____

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>							

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.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 **3-8-79** Producing Method (Flow, pump, gas lift, etc.) **Pump**

Length of Test **24** Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test Oil-Bbls. **4** Water-Bbls. **28** Gas-MCF _____

GAS WELL

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

Ben A. Lee (Signature)
 Administrative Super. (Title)
 MAY 25 1979 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 28 1979**, 19 _____
 BY **Jerry Sexton**
 TITLE **Dist. 1, Supv.**

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.

NMOC D(5), 510

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MAY 25 1979
OIL CONSERVATION COMM.
HOBBS, N. M.