

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HUBBS OFFICE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JAN 11 1 43 PM '67

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

IES RECEIVED	
IBUTION	
E	
OFFICE	
NSPORTER	OIL
	GAS
ERATOR	
ORATION OFFICE	

erator

Continental Oil Company

Address

Box 460, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Change in name - Formerly Reed A-3 No.12

Unit effective 1-1-67

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Reed-Sanderson Unit	13	Fumont	State, Federal or Fee	
Fed.				
Location				
Unit Letter	N	660	Feet From The	South
Line and		1980	Feet From The	
West				
Line of Section	3	Township	20	Range
36		, NMPM,		Lea
County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Atlantic Pipe Line Company		Box 1190, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corporation		Monument, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	N	3	20
			36
			Yes
			5-23-56

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.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 (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.

William L. Smith  
(Signature)

Acting Staff Supervisor

(Title)

1-6-67

(Date)

NMOCC(5) PAN AM(2) ATL(2) STANDARD(2) FILE JLN

## OIL CONSERVATION COMMISSION

APPROVED

JAN 12 1967

BY

SIGNATURE BRECHT

TITLE

ENGINEER DISTRICT No. 1

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.