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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
AUG 14 3 44 PM '67

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

NAME CHANGE
ATLANTIC P.L. CO.
TO
ARCO P.L. CO.
EFF. 1-1-71

I.

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:
Recompletion	<input checked="" 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"/>

Other (Please explain) **Recompleted from Mon. (GSA) to Eumont Pool. Permission is hereby requested to continue producing this well into common storage with wells on the Sanderson A Lease currently prorated in the Monument (GSA) and Eumont Oil Pools as provided in commingling authorization by MIOCC, Order R-1859 dated 2-2-61.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sanderson AB-14	Well No. 1	Pool Name, Including Formation Eumont Oil-Queen	State, Federal or Fee Federal
Location			
Unit Letter D	330	Feet From The North	Line and 660 Feet From The West
Line of Section 14	Township 20S	Range 36E	NMPM, Lee 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"/> Atlantic Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1190, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 14	Twp. 20S	Rge. 36E	Is gas actually connected? Yes	When ---

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 7-20-67	Date Compl. Ready to Prod. 7-29-67	Total Depth 3825'	P.B.T.D. 3792'					
Elevations (DF, RKB, RT, GR, etc.) 3665 OL	Name of Producing Formation Queen	Top Oil/Gas Pay 3751'	Tubing Depth 3712'					
Perforations Open Hole 3751-3792'	dr JWM					Depth Casing Shoe 3731'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		275		225			
8 7/8"	7 5/8"		1241		425			
6 3/4"	5 1/2"		3751		425			
	2"		3778					

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 7-29-67	Date of Test 8-3-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure "	Casing Pressure "	Choke Size 1"
Actual Prod. During Test 117	Oil - Bbls. 50	Water - Bbls. 67	Gas - MCF 85

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.

MIOCC-5 ATL-Ros-2 CHRY-M12-2
PAN AM-Hobbs-2 JLM FILE

James R. Hart
(Signature)
Supervising Engineer
(Title)
8-14-67
(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 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.