OF _OPIES REC	EIVED					
ISTRIBUTI	ON					
SANTA FE       FILE       U.S.G.S.		REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110				
		AND Effective 1-1-65				
		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE						
TRANSPORTER	OIL					
GAS						
OPERATOR						
PRORATION OF	FICE					
CONT	INEN	TAL OIL COMPANY				
Address		HOBBS, New Mexico 88240				
Reason(s) for filing	(Check proper	box) Other (Please explain)				
New Well	<b>X</b>	Change in Transporter of:				
Recompletion		Oil Dry Gas				
Change in Ownershi		Casinghead Gas Condensate				

#### If change of ownership give name and address of previous owner.

## **DESCRIPTION OF WELL AND LEASE**

Lease Nam <b>e</b>	Well No.	Pool Name, Including Form		Kind of Lease	Lease No.
STATE KN	-12 6	Eumont Vates	7RURSQUE	State) Federal or Fee	B-10233
Location	*				
Unit Letter	; 1980 Feet Fro	m The South Line a	nd <u>660</u>	_ Feet From The	Jest
Line of Section	Z Township	- <u>S</u> <sub>Range</sub> 36	-Е, ммрм,	Lea	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of (	Dil 🔀 🛛 or Condensate 🗌	Address (Give address to wi	hich approved copy of this form is to be sent)
Continentell	1 Surface Tran	sportation Hobbs,	nm
Name of Authorized Transporter of (	Casinghead Gas 🔀 🛛 or Dry G	Address (Give address to w	hich approved copy of this form is to be sent)
El Paso Nat.	aralGas	El Paso	$, \mathcal{T} \times$
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. N 12 19	Rge. Is gas actually connected? 36 VeS	When 2 - 19 - 79

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

COMPLETION DATA			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Res
Designate Type of Comp	letion $-(X)$	$\times$	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-1-79	2-19-79	4104	4068
Elevations (DF, RKB, RT, GR, et	c., Name of Producing Formation	Jop Oil/Gas Pay	Tubing Depth
3735	c., Name of Producing Formation Eumont Farman 1, 4/5', 50', 39'17;22, =	13828	4000
Perforations 3828,34	1, 45', 50', 39 17;22, 3	0', 49', 53', 65, 6	8, Depth Casing Shoe
82,87,97		· · ·	
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1214	8 5/8	1476	850
7 7/8	5 1/2	4060	1075
	2 3/8	4000	

## TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-oil, WEIL OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	Producing Method (Flow, pump, gas lift, etc.)	
2-19-79	3-11-79	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24				
Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF	
	20	15	79	

## CAS 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

ĥ

## . 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.

Bun A fice	
	(Signature)

Administrative Supervisor

APR 2 9 1979 ile)

(Date)

nmocp(5), File

· · ·	•		
01	L CONSERV	ATION COMMIS	SION
APPROVED	APR	25 1979 med by	
	Orig. Sig	ned by	,
BY	Les Cle		
TITLE	Oil & Ge	as Insp.	

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 allow-able 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.

**.** 

APR2 4 1979 OIL CONSERVATION COMM

### INCLINATION REPORT

OPERATOR	Continental Oil Company	ADDRESS PO Box 460,	Hobbs, New Mexico 88240		
LEASE NAME	State "KN" 12	WELL NOFIELI	)		
LOCATION Section 12, T-19S, R-36E, Lea County, New Mexico					
DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED		
480 873 1369 1470 1947 2445 2899 3399 3878	$     1/2 \\     3/4 \\     3/4 \\     3/4 \\     1 \\     1/2 \\     2 \\     2 \\     1/4 \\     1 \\     3/4 $	4.1760 5.1483 6.4976 1.3231 6.2487 13.0476 15.8446 19.6500 14.6095	4.1760 9.3243 15.8219 17.1450 23.3937 36.4413 52.2859 71.9359 86.5454		
4080	2	7.0498	93.5952		

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

ohn Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers 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.

In Ayus

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 14th day of February , 1979

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

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

APR2 4 1979 DIL CONSERVATION COMM.

.

7