DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

Supervising Engineer

6-28-67

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMIS REQUEST FOR ALLOWABLE

AND HOBBS OFFICE O. C. C. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

	LAND OFFICE		l 30 2 mu			
	TRANSPORTER OIL	_	Jun 29 2 34 PM	<b>'</b> 6/		
	GAS					
	OPERATOR					
I.	PRORATION OFFICE Operator					
	- '					
Continental Oil Company						
	P. O. Box 460, Hobbs, New Mexico 88240					
	Reason(s) for filing (Check proper box	•	Other (Please explain)			
	New Well	Change in Transporter of:	1 1 1	l name - effective $6$ -1-67		
Recompletion Oil Dry Gas Formerly State A-36 No. 10 operated by						
Change in Ownership Casinghead Gas Condensate Continental Oil Company						
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F			No.	
	Eumont Hardy Unit	18 Eumont	State, F	ederal or Fee State	<del></del>	
	Unit Letter K ; 198	rom The West				
:	Line of Section 36 To	wnship 20S Range	37E , NMPM,	Lea Cour	ity	
III.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA		approved copy of this form is to be sent)		
	_					
	Shell Pipeline Comp	singhead Gas v or Dry Gas	Box 1190, Midland,	pproved copy of this form is to be sent)		
				· · · · · · · · · · · · · · · · · · ·		
	Continental Carbon Com	Unit Sec. Twp. Ege.	1400 West Tenth Ave	•, Amarilio, Texas		
	If well produces oil or liquids, give location of tanks.	I 36 20 37	Yes	NA		
į			· <del>····································</del>	<u> </u>		
	COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	give commingling order number:  New Well Workover Deepe			
	Designate Type of Completic			t t	,5 T.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	<u> </u>	
	Perforations			Depth Casing Shoe		
		•		Dapin Gasing Cites		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FOOLL WELL		fter recovery of total volume of load pth or be for full 24 hours)	doil and must be equal to or exceed top a	llow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF		
1,	G.4.0 W.D	. <del></del>	A			
r	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Condenses Content			
Ì	Actual Prod, 1881-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Chub-in)	Choka Sina		
	resting Method (pitot, back pr.)	. ansid transma (SURE-IN)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	ĊE:	OIL CORISE	TION COMMISSION		
• ••	,	COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservat			APPROVED, 19			
	Commission have been complied v	vith and that the information given		•		
	above is true and complete to the					
	NMQCC-5 ATL-Ros-2	CALIF-Mid-2				

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.