NEW MEXICO OIL CONSERVATION COMMIS REQUEST FOR ALLOWABLE AND STORY HOE ON TO COME ONE

Form C-10 Supersedes Old C-104 and C-110 Effective 1-1-65

DISTRIBUTIO				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF				
Operator	•			

	0.5.0.5.		_ AUTHORIA	ZATION	TO TRA	MISPORT C	HE AND I	AATURAL (SAS		•	
	LAND OFFICE											
	TRANSPORTER OIL		Jun 29 2 31 PM '67									
	GAS			JUN (.) E 31								
	OPERATOR											
	PRORATION OFFICE											
4.	Operator								·			
	Continental O	17	Company									
	Address											
	P. O. Box 460, Hobbs, New Mexico 88240											
	Reason(s) for filing (Check proper box) Other (Please explain)											
	New Well Change in Transporter of: Change in Transporter of: To change Well name - effective											
	Recompletion OII Dry Gas 6-1-67. Formerly Bell-Ramsey J											
	· —	Casinghead Gas Condensate State No.										
	Change in Ownership		Casingneda		Conder	sage			Parameter			
	If change of ownership give i	name										
	and address of previous own											
II.	DESCRIPTION OF WELL	ANI	LEASE									
	Lease Name Well No. Pool Nam			ol Name, inc	me, Including Formation		Kind of Lease			Lease No.		
	Eumont Hardy Un	it	1 1 I	1 Eumont				State, Federa	or Foo Sta	<u>te</u>		
	Location											
	tinit Letter M .	Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West										
	Olif Letter 11		7 GOT TOM T				<u> </u>					
	Line of Section 25	т	ownship 20S	Ro	ange	37E	, NMPM	. Le	a.		County	
	2 5. 555.6 2.5	<u>-</u>										
TT	DESIGNATION OF TRAN	SPAI	TER OF OIL AN	D NATH	RAT GA	S						
	Name of Authorized Transporte	of O	il 🔼 or Conde	ensate	ML UA	Address (G	ve address	to which appro	ved copy of this	forn is t	o be sent)	
						Box 1190, Midland, Texas Address (Give address to which approved copy of this form is to be sent)						
	Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (G	ve address	to which appro	ved copy of this	forn is t	o be sent)	
				0. 5., 44.	<u> </u>	.!						
	Warren Petroleum Corporation Unit Sec. Twp. Fge.						Box 68, Monument, New Mexico					
	If well produces oil or liquids,	Fige.	Is gas actually connected? When									
	give location of tanks.		; I ; 36	20	37	<u> Yes </u>			NA			
	If this production is comming	gled v	ith that from any o	ther lease	or pool,	give commin	igling orde	r number:				
	COMPLETION DATA											
	Designate Type of Cor	mnlat	ion (Y)	/ell Go	s Well	New Well	Workover	Deepen	Plug Back	3am€ Res	stv. Diff, Restv.	
	Designate Type of Con	mpier		1		1	<u> </u>				<u> </u>	
	Date Spudded		Date Compl. Read	y to Prod.		Total Depth	l		P.B.T.D.			
	Elevations (DF, RKB, RT, GR	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ι	Top Oil/Ga	s Pay		Tubing Depth			
	Perforations	Perforations							Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD											
	HOLE SIZE CASING & TUBING SIZE				12.E	DEPTH SET			SACKS CEMENT			
						<u> </u>					***	
						1						
			_									
	L											
V.	TEST DATA AND REQUI	EST	FOR ALLOWABL						and must be equ	alte or e	exceed top allow-	
	OIL WELL able for this depti								ift etc.)			
	Date First New Oil Run To Ta	ink s	Date of Test			Producing Method (Flow, pump, gas lift			.,,, e,			
			Tubing Pressure			Coning Pressure		Choke Size				
	Length of Test	Tubing Pressure			Casing Pressure			Choke 5124				
			1						- 465			
	Actual Prod. During Test	il Prod. During Test Oil-Bbis.			Water-Bble.			Gas-MCF				
						<u> </u>						
				· —								
	GAS WELL											
	Actual Prod. Test-MCF/D		Length of Test			Bbls. Cond	ensate/MMC	F	Gravity of Co	nder sate		
	Testing Method (pitot, back pr)	Tubing Pressure	Shut-in)		Casing Pre	ssure (Shut	-in)	Choke Size			
				•								
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٧Į.	CERTIFICATE OF COM	CLIA	NUL				مات	COMPANY	ELION COM	**********	17	
						11						

VI.

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.

NMOdc-5 ATL-Ros-2 CALIF-Mid-2

FILE Pan Am-Hobbs-2

Lord (Signature)

Supervising Engineer

(Title)

6-27-67 (Date)

APPROVED.

TITLE .

This form is to be filed in compliance with FULE 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.