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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

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

Operator	CONTINENTAL OIL COMPANY		
Address	P.O. Box 460 Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE J-2	7	LUMONT YATES FRANKS QUEEN	State, Federal or Fee	7-1554
Location				
Unit Letter	J	1980 Feet From The	SOUTH Line and	1980 Feet From The
Line of Section		2	Township	22 S
Range		36 E	NMPM, 22 E	
County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.		EL PASO, TEXAS
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4-30-46	6-2-72		3825'		3635'			
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR 3521'	YATES & QUEEN		3225'		5570'			
Perforations	YATES 2205-2940'		QUEEN 3433-3590'		Depth Casing Shoe			
					3765'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 7/8"	10 3/4"	292'	225
6 3/4"	5 1/2"	2715'	220
	2 1/2" LINER	2725'	35
	2 3/8"	2580'	

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
3197 CADF	2 HC	-	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BP	175 #	155 #	1"

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.

Paul A. Lee
(Signature)
ADM. SUPERVISOR
(Title)
6-13-72

NMOC, HOBBS (2) - USGS, HOBBS (2)
-E.L.E.

OIL CONSERVATION COMMISSION

APPROVED AUG 14 1972, 19
BY John W. Runyan
TITLE Geologist

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.