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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

I. Operator  
**CONTINENTAL OIL CO.**  
Address  
**P.O. BOX 460 HOBBS N. MEX.**  
Reason(s) for filing (Check proper box)  
☒ **RE-ENTER** Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**NOTE - non-standard gas  
Proration unit approved by  
adm. order NO. NSP-873**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>STATE E</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>JALMAT GAS</b>	Kind of Lease <b>STATE</b>	Lease No. <b>B-1536</b>
Location Unit Letter <b>F</b> ; <b>1980</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line of Section <b>17</b> Township <b>22-S</b> Range <b>36-E</b> , NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>JAL, N. MEX.</b>
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. <b>SE/4 17 22 36</b>	Is gas actually connected? When <b>YES APRIL 12, 1972</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **YES - C-102 APPROVED in 1939**

IV. COMPLETION DATA

Designate Type of Completion - (X) <b>RE-ENTRY</b>	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Started <b>1-7-72</b>	Date Compl. Ready to Prod. <b>2-16-72</b>	Total Depth <b>15,887</b>	P.B.T.D. <b>3390</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3581' DF</b>	Name of Producing Formation <b>JALMAT GAS</b>	Top Oil/Gas Pay <b>3194</b>	Tubing Depth <b>3375</b>
Perforations <b>3232', 45', 84', 94', 3310', 30, 44, 63 &amp; 3379</b>	Depth Casing Shoe <b>4231</b>		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <b>17"</b> <b>10 3/4"</b>	CASING & TUBING SIZE <b>13 7/8</b> <b>9 5/8</b> <b>2 7/8 1/2</b>	DEPTH SET <b>368</b> <b>4231</b> <b>3375</b>	SACKS CEMENT <b>375 - Cinc</b> <b>1220</b>

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	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 <b>295</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pilot, back pr.) <b>PROD. TEST</b>	Tubing Pressure (Shut-in) <b>120 #</b>	Casing Pressure (Shut-in) <b>360 #</b>	Choke Size <b>24/64</b>

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.

**ME Speculian**  
(Signature)  
**ADMINISTRATIVE SUPERVISOR**  
(Title)  
**5-3-72**  
(Date)

OIL CONSERVATION COMMISSION  
**MAY 16 1972**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **[Signature]**  
TITLE **SUPERVISOR DISTRICT I**

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

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MAY 8 1972  
OIL CONSERVATION COMM.  
HOBBS, N. M.