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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 <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 460, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<u>Formerly A.L. CHRISTMAS "C" No. 1</u> <u>Effective 4-1-70</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner JOHN H. HENDRIX, 316 CENTRAL Bldg., MIDLAND, TEXAS 79701

Lease Name <u>CHRISTMAS "C"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>SOUTH EUNICE</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location			
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>SOUTH</u> Line and <u>1650</u>	Feet From The <u>EAST</u>
Line of Section <u>21</u>	Township <u>22S</u>	Range <u>36-E</u> , NMPM,	<u>LEA</u> County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>TEXAS NEW MEXICO PIPELINE CO</u>		<u>Box 1510, MIDLAND TEXAS</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>ASHLAND CHEMICAL COMPANY</u>		<u>EUNICE, NEW MEXICO</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>21</u>	Tw. <u>22</u> Rge. <u>36</u>
			Is gas actually connected? <u>yes</u> When <u>NA</u>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	

Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/M-MCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure		Choke Size	

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.

[Signature]
(Signature)
ADMINISTRATIVE SECTION CHIEF
(Title)
4-10-70
(Date)

OIL CONSERVATION COMMISSION
APR 22 1971
APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT

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 Sections I, II, III, and VI only 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.

NMOCB (3) file

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**OIL CONSERVATION COMM.
HOBBS, N. M.**

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AMERICAN OIL CO.