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

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

Dec 31 3 15 AM '66

I.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SFMU Permian	Well No. 89	Pool Name, including Formation Skaggs Pool	Kind of Lease State, Federal or Fee NM Federal	Lease No. 0557686
Location				
Unit Letter P	710	Feet From The South Line and 660	Feet From The East	
Line of Section 13	Township 20S	Range 37E	12a	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico
If well produces oil or liquids, give location of tanks.	Unit P Sec. 19 Twp. 20 Rge. 38 Is gas actually connected? Yes When 12-30-66

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-250**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-17-66	Date Compl. Ready to Prod. 11-27-66	Total Depth 3950	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3548 GL	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3798	Tubing Depth 3696					
Perforations 3799, 3802, 3810, 3815, 3825, 3830, 3842, 3848, 3862	Depth Casing Shoe 3950'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		304'		125			
7 7/8"	5 1/2"		3,949'		285			
-----	2 7/8"		3,696		----			

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 12-15-66	Date of Test 12-18-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 200	Choke Size Open
Actual Prod. During Test 12	Oil - Bbls. 12	Water - Bbls. 28 Bbls. load	Gas - MCF 991

GAS WELL

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

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.

William L. Smith
(Signature)

Staff Supervisor

(Title)

December 30, 1966

NMOCC-5, At1. Ros(2), Pan Am-Hobbs-2, Calif.-Mid.-2, File, JLW

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.