

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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  
Address CONTINENTAL Oil Company  
Box 460, Hobbs, NM 88240  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Semy Eumout</u>	Well No. <u>94</u>	Pool Name, including Formation <u>Eumout Queen Gas</u>	Kind of Lease State, <u>Federal</u> or Fee <u>DM 0557636</u>	Lease No.
Location Unit Letter <u>E</u> ; <u>1830</u> Feet From The <u>NORTH</u> Line and <u>560</u> Feet From The <u>WEST</u> Line of Section <u>23</u> Township <u>20S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> County				

III. 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)					
<u>EL PASO NATURAL GAS COMPANY</u>	<u>EL PASO, TEXAS</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>5-27-74</u>	Date Compl. Ready to Prod. <u>6-18-74</u>	Total Depth <u>3728</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Eumout Queen Gas</u>	Top Oil/Gas Pay <u>3528</u>	Tubing Depth <u>3470</u>					
Perforations <u>3530, 48, 56, 67, 80, 94, 3610, 19, 34, 40, 3659,</u>	Depth Casing Shoe <u>3728</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 5/8</u> <u>5 1/2</u> <u>2 1/16</u>		DEPTH SET <u>411</u> <u>3728</u> <u>3502</u>		SACKS CEMENT <u>210</u> <u>275</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>1900 CADF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF <u>none</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>4 ft. back pressure</u>	Tubing Pressure (shut-in) <u>444</u>	Casing Pressure (shut-in) <u>445</u>	Choke Size <u>Variable</u>

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.

B. Puller  
(Signature)  
As Staff Assistant  
(Title)  
8-7-74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
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 conditions.