

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-11
Effective 1-1-65

1.

Operator <i>Continental Oil Company</i>	
Address <i>Box 460 Hobbs N.M. 88240</i>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) <i>CASINGHEAD GAS MUST NOW BE PLACED AFTER 4/1/75 INSTEAD OF BEFORE TO MATCH STATE REQUIREMENTS</i>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Permian Penn</i>	Well No. <i>95</i>	Pool Name, Including Formation <i>Cres Penn</i>	Kind of Lease State, <u>Federal</u> or Fee	Lease No.
Location Unit Letter <i>J</i> ; <i>2130</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>EAST</i>				
Line of Section <i>23</i> Township <i>20-S</i> Range <i>37 E</i> , NMPM, <i>Perm</i> 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"/> <i>Permian Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>Midland Texas</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>None at this time</i>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <i>J</i>	Sec. <i>23</i>
	Twp. <i>20</i>	Rge. <i>37</i>
	Is gas actually connected? <i>NO</i>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>11-26-74</i>	Date Compl. Ready to Prod. <i>1-28-75</i>	Total Depth <i>7755</i>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <i>3535 GR</i>	Name of Producing Formation <i>Cres Penn</i>	Top Oil/Gas Pay <i>7682</i>	Tubing Depth <i>7661</i>					
Perforations <i>7682-90</i>	Depth Casing Shoe <i>7754</i>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <i>17 1/2</i>	CASING & TUBING SIZE <i>13 5/8</i>		DEPTH SET <i>415</i>		SACKS CEMENT <i>400</i>			
	<i>8 5/8</i>		<i>3904</i>		<i>2600</i>			
	<i>5 1/2</i>		<i>7754</i>		<i>775</i>			
	<i>2 7/8</i>		<i>7661</i>					

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 <i>1-28-75</i>	Date of Test <i>2-24-75</i>	Producing Method (Flow, pump, gas lift, etc.) <i>PUMP</i>	
Length of Test <i>24 HRS</i>	Tubing Pressure <i>50 #</i>	Casing Pressure <i>—</i>	Choke Size <i>—</i>
Actual Prod. During Test	Oil-Bbls. <i>239</i>	Water-Bbls. <i>221</i>	Gas-MCF <i>35</i>

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.

B. Williams
(Signature)
Asst. Sec. Asst.
(Title)
2-26-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
TITLE *Sec. Asst.*

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.

251 45654 NM Fu (4) file

CONTINENTAL OIL COMPANY

P. O. Box 460
Hobbs, New Mexico

2-26-75

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's Lea Penn No. 95, located Unit Unit J Section 13, Lea County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
<u>665</u>	<u>1/2</u>	<u>3169</u>	<u>1</u>		
<u>920</u>	<u>1/2</u>	<u>3590</u>	<u>3/4</u>		
<u>1140</u>	<u>3/4</u>	<u>3910</u>	<u>3/4</u>		
<u>1384</u>	<u>1/4</u>	<u>4200</u>	<u>1/2</u>		
<u>1665</u>	<u>1/4</u>	<u>4580</u>	<u>1</u>		
<u>1925</u>	<u>1/2</u>	<u>4830</u>	<u>1 1/4</u>		
<u>2115</u>	<u>1 1/4</u>	<u>5736</u>	<u>1 3/4</u>		
<u>2357</u>	<u>1</u>	<u>6300</u>	<u>1 1/2</u>		
<u>2451</u>	<u>2 3/4</u>	<u>7200</u>	<u>1 3/4</u>		
<u>2585</u>	<u>2 1/2</u>	<u>7420</u>	<u>1</u>		
<u>2675</u>	<u>1</u>	<u>7725</u>	<u>3/4</u>		

Yours very truly,

Ralph F. Fournier

Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 26th day of February, 1975.

7-4-76
My Commission Expires

Arthur E. Dillman
Notary Public