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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 COMPANY
Address Box 460, Hobbs, New Mexico
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 BRITT B Well No. 25 Pool Name, Including Formation Eumont Queen Dan Kind of Lease LC 031621(b) Lease No.
State, Federal or Fee
Location
Unit Letter C : 660 Feet From The 1400TH Line and 1980 Feet From The West
Line of Section 15 Township 20-S Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS P.O. Box 1492 EL Paso, TEXAS
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
yes 6-19-75

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 Res'v. ☐ Diff. Res'v. ☐
Date Spudded 3-1-75 Date Compl. Ready to Prod. 3-19-75 Total Depth 3772 P.B.T.D. 3728
Elevations (DF, RKB, RT, GR, etc.) 3500 GR Name of Producing Formation Eumont Queen Top Oil/Gas Pay 3528 Tubing Depth 3664
Perforations 3528, 41, 61, 76, 86, 3603, 23, 43, 3660 Depth Casing Shoe 3772

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>567</u>	<u>260</u>
	<u>5 1/2</u>	<u>3772</u>	<u>275</u>
	<u>2 3/8</u>	<u>3664</u>	

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 8.38 AOF Length of Test 4 hrs Bbls. Condensate/MMCF 0 Gravity of Condensate 0
Testing Method (pilot, back pr.) back pressure Tubing Pressure (shut-in) 492 Casing Pressure (shut-in) 512 Choke Size VARIOUS

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.
Ralph J. Joudry (Signature)
Administrative Supervisor (Title)
June 23, 1975 (Date)
OIL CONSERVATION COMMISSION
APPROVED John W. Runyan, 19_____
BY John W. Runyan
TITLE Geologist
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.