

| | | | |
|------------------|-----|--|--|
| DISTRIBUTION | | | |
| SERIAL # | | | |
| 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

| | |
|--|---|
| Operator <u>CONTINENTAL OIL COMPANY</u> | |
| Address <u>Box 460, Hobbs, NM 88240</u> | |
| 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"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|--|--|-----------|
| Lease Name <u>Sema Pennsylvania</u> | Well No. <u>97</u> | Pool Name, including Formation <u>CASS Penn</u> | Kind of Lease State, Federal or Fee <u>NM-0557686</u> | Lease No. |
| Location | | | | |
| Unit Letter <u>K</u> : <u>1780</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>23</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, <u>LCA</u> 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"/> <u>ARCO Pipeline</u> | Address (Give address to which approved copy of this form is to be sent) <u>Midland, Texas</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u> | Address (Give address to which approved copy of this form is to be sent) <u>Odessa Texas</u> | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>K</u> | Sec. <u>23</u> | Twp. <u>20</u> | Rge. <u>37</u> | Is gas actually connected? <u>Yes</u> | When |

If this production is commingling 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 <u>12-22-76</u> | Date Compl. Ready to Prod. <u>2-11-77</u> | | Total Depth <u>7764</u> | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, CR, etc.) <u>3525 GR</u> | Name of Producing Formation <u>CASS Penn</u> | | Top Oil/Gas Pay <u>7691</u> | | Tubing Depth <u>7710</u> | | | |
| Perforations <u>7692-7698</u> | | | | | Depth Casing Shoe <u>4000</u> | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---------------|----------------------|-------------|--------------|
| <u>17 1/2</u> | <u>13 1/8</u> | <u>489</u> | <u>450</u> |
| <u>12 1/4</u> | <u>8 5/8</u> | <u>4000</u> | <u>1500</u> |
| <u>7 7/8</u> | <u>5 1/2</u> | <u>7764</u> | <u>525</u> |
| | <u>2 7/8</u> | <u>7710</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 <u>2-11-77</u> | Date of Test <u>2-12-77</u> | Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u> | |
| Length of Test <u>24 HRS</u> | Tubing Pressure <u>60 #</u> | Casing Pressure | Choke Size <u>32/64</u> |
| Actual Prod. During Test | Oil-Bbls. <u>200</u> | Water-Bbls. <u>80</u> | Gas-MCF <u>TSTM</u> |

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. Pullen
Dr. Stop and
2-24-77
Nmcc(5) USGS(2) NMFA(4) File

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 allowables 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 multiple completed wells.