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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISS
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 <i>Continental Oil Company</i>		
Address <i>1300 B & 460 110 lbs 11 m 88.240</i>		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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

DESCRIPTION OF WELL AND LEASE

Lease Name <i>Wagon Wheel</i>		Well No. <i>52</i>	Pool Name, including Formation <i>Wagon Wheel</i>	Kind of Lease <i>Lease</i>	Lease No. <i>68 041495</i>
Location					
Unit Letter <i>L</i>	<i>2310</i>	Feet From The <i>South</i>	Line and <i>330</i>	Fee: From The <i>East</i>	
Line of Section <i>29</i>	Township <i>20-S</i>	Range <i>38-E</i>	NMPM, <i>Yes</i>	County <i>Lea</i>	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>Midland, TX</i>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>Midland, TX</i>				
If well produces oil or liquids, give location of tanks.	Unit <i>2</i>	Sec. <i>33</i>	Twp. <i>20</i>	Rge. <i>38</i>	Is gas actually connected? <i>yes</i>
					When <i>11-23-78</i>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <i>10-5-78</i>	Date Compl. Ready to Prod. <i>11-17-78</i>		Total Depth <i>6788</i>		P.B.T.D. <i>6788</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>52749' GR</i>	Name of Producing Formation <i>Wagon Wheel</i>		Top Oil/Gas Pay <i>6466</i>		Tubing Depth <i>6716</i>			
Perforations <i>6600, 12, 23, 34, 43, 56, 57, 67, 76, 83, 74, 6111, 1111, 2403, 14, 33, 34, 2501, 17, 26, 37, 42, 50, 60, 66, 6111, 511</i>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <i>12 1/4"</i>	CASING & TUBING SIZE <i>9 5/8"</i>	DEPTH SET <i>1352'</i>	SACKS CEMENT <i>66</i>
<i>10 3/4"</i>	<i>7 1/2"</i>	<i>6788'</i>	<i>135</i>
	<i>2 3/8"</i>	<i>6716'</i>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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>11-23-78</i>	Date of Test <i>2-7-79</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hours</i>	Tubing Pressure <i>6.4</i>	Casing Pressure <i>6.1</i>	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>36</i>	Water - Bbls. <i>1</i>	Gas - MCF <i>417</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

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.

Bruce A. Lee
(Signature)
Administrative Supervisor
(Title)
2-23-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED *FEB 20 1979*, 19
BY *Larry E. Linton*
TITLE *SUPERVISOR DISTRICT I*

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.