DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMIS REQUEST FOR ALLOWABLE

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Supersedes Old C-104 and C-110

	FILE	1.0		- AND -			Effective 1-1-6	.5		
	U.S.G.S.	HUBBS OF POE O C C AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE								•	
	VERNICE OIL	1	Jun 29 2 36 PM '67							
	TRANSPORTER GAS		1		_ ••	• • • • • • • • • • • • • • • • • • • •				
	OPERATOR		1							
ī	PRORATION OFFICE		1 .							
	Operator									
	Continental Oil Company									
	Address									
	P. O. Box 460, Hobbs, New Mexico 88240									
	Reason(s) for filing (Check proper box)					Other (Please explain)				
	New Well Change in Transporter of:				To change well name - effective 6-1-67.					
	Recompletion Oil Dry Ga							1 No. 4 operat		
	Change in Ownership Casinghead Gas Conden					Continent			-a 2.9	
1						002242.214012		rance sally •		
If change of ownership give name										
and address of previous owner										
II. DESCRIPTION OF WELL AND LEASE									:	
	Lease Name	IND I	Well No. Pool Name, Includ	ing F	ormation	·	Kind of Lease	······································	Legse No.	
	Eumont Hardy Uni	+	31 Eumont	•	State, Federal or Fee Scate					
	Location	U	31 Edilone			<u> </u>		<u>state</u>		
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East										
		_	216		2613		*		_	
	Line of Section L	Tow	vnship 21S Range)	36E	, 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)					
	Shell Pipeline C	omp	any			190, Midla				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
	Continental Carbon Company				1400 West Tenth Ave., Amarillo, Texas					
	If well produces oil or liquids, Unit Sec. Twp. Rge.				Is gas actually connected? When					
	give location of tanks. I 36 20 37					Yes NA				
	this production is commingled with that from any other lease or pool, give commingling order number:									
IV.	COMPLETION DATA				_					
	Designate Type of Comp	letio	Oil Well Gas W	ell	New Well	Workover	! Deepen	Plug Back Same Res	'v. Diff. Res'v.	
	Designate Type of Comp	16110	n = (X)		<u> </u>	1 	l L			
	Date Spudded		Date Compl. Ready to Prod.		Total De	oth		P.B.T.D.		
1							·			
	Elevations (DF, RKB, RT, GR, e	tc.j	Name of Producing Formation		Top Oil/	Gas Pay		Tubing Depth		
	Perforations		•				Depth Casing Shoe			
								<u> </u>		
	TUBING, CASING, AND					TING RECORD		· · · · · · · · · · · · · · · · · · ·		
	HOLE SIZE	CASING & TUBING SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
								<u>i</u>		
V.	TEST DATA AND REQUES	T FC	OR ALLOWABLE (Test must	t be a	ter recover	y of total volum	e of load oil a	and must be equal to or e	xceed top allow-	
	OIL WELL									
į	Date First New Oil Run To Tanks Date of Test					Method (Flow,	pump, gas lif	t, etc.)		
						''				
	Length of Test		Tubing Pressure	Casing Pressure			Choke Size Gas - MCF			
			,							
	Actual Prod. During Test	Oil-Bbls.			Water - Bbls.					
				,						
			*************************************					·		
	GAS WELL					•				
- 1	Actual Prod. Test-MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	*J									
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing P	ressure (Shut:-:	n)	Choke Size		
	<u> </u>					•				
TUT	CERTIFICATE OF COMPL	IANC	76			OII 3	NISEBVA	TION SOMMISSION	<u></u>	
¥ 1.	CERTIFICATE OF COMPL	IANC	JE.				DINGERVA			
	handly carried that the miles and appropriations of the Oil Community				APPROVED, 19					
	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. NMOCC-5 ATL-Ros-2 CALIF-Mid-2 Par Am-Hobbs-2 FILE									
						TITLE				
						This form is to be filed in compliance with RULE 1104.				
	· yese & Starta					If this is a request for allowable for a newly drilled or deepened				
•	(Signature)					wall this form must be accompanied by a tabulation of the deviation				
	V Supervising Engineer					tests taken on the well in accordance with RULE 111.				
•	(Title)				All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	6-28-59		-	_	Fill out only Sections I, II, III, and VI for changes of owner,					
•	(Date)					well name or number, or transporter, or other such change of condition.				