

NAME	ADDRESS
DISTRIBUTION	
SANTA FE	
FILE	
C.O.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERORATION 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

Oct 7 11 27 AM '65

I. PERORATION OFFICE

Continental Oil Company

Box 460, Hobbs, N.M.

Reasons for filing (Check proper box)

Low Well ☐ Change in Transporter on ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Transporter Change ☐ Casinghead Gas ☐ Land Waste ☐

Other (Please explain)

Utilization of ACT Unit

NAME CHANGE  
ATLANTIC P.L. CO.  
TO  
ARCO P.L. CO.  
EFF. 1-1-71

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No. Pool Name, including Formation	Kind of Lease
Meyer B-8	3 Eunice	State, Federal or Other
Location		
Section <u>8</u>	Township <u>21-S</u>	Range <u>36-E</u> NMPM, <u>Lea</u> County
First Letter <u>E</u>	1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	

III. 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)
Atlantic Refining Company	Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Continental Carbon Company	Eunice, New Mexico
If well produces oil or liquids, how long in production?	Unit <u>D</u> Sec. <u>8</u> Twp. <u>21</u> Rge. <u>36</u> Is gas actually connected? <u>Yes</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Per. T.D.					
Well	Name of Producing Formation	Top of Producing	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 Flow To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Bottom of Test	Tubing Pressure	Casing Pressure	Choke Size
Water Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Pressure (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

*W. J. Stiles*  
Staff Supervisor

October 5, 1965

WCCO-5, PAN AM-3, AIL ROS-2, CALIF MID-2

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19

BY *[Signature]*

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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.