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TRANSPORTER	OIL	
	GAS	
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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

ILLEGIBLE

Operator <i>Continental Oil Company</i>	
Address <i>P.O. Box 460, Hobbs, N.M. 88240</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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

Lease Name <i>2 Harte, C-20</i>	Well No. <i>6</i>	Pool Name, including Formation <i>Eumont Gas</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>3-1533 1/2</i>
Location				
Unit Letter <i>C</i>	<i>660</i>	Feet From The <i>North</i> Line and <i>1450</i>	Feet From The <i>West</i>	
Line of Section <i>20</i>	Township <i>21-S</i>	Range <i>36-E</i>	NMPM, <i>Texas</i>	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<i>CC Gas Natural Gas</i>		<i>605 Bank of the Southwest</i>		
If well produces oil or liquids, give location of tanks.		Unit <i>W 1/2 SW</i>	Sec. <i>20</i>	Twp. <i>21-S</i>
		Rge. <i>36-E</i>	Is gas actually connected? <i>Yes</i>	When <i>2-11-76</i>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <i>—</i>	Date Compl. Ready to Prod. <i>11-5-75</i>	Total Depth <i>3544'</i>		P.B.T.D. <i>3720'</i>					
Elevations (DF, RKB, RT, CR, etc.) <i>3635' GL</i>	Name of Producing Formation <i>EUMONT GAS</i>	Top Oil/Gas Pay		Tubing Depth <i>3147'</i>					
Perforations <i>3232', 25', 24', 10', 05', 06', 02', 3185', 75', 69', 60', 54', 43'</i>		Depth Casing Shoe <i>3507'</i>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
	<i>10 3/4" Csg.</i>	<i>3147'</i>		<i>200</i>					
	<i>7 1/2" Csg.</i>	<i>1642'</i>		<i>400</i>					
	<i>5 1/2" Csg.</i>	<i>3507'</i>		<i>100</i>					
	<i>2 7/8" TRG</i>	<i>3147'</i>		<i>—</i>					

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	

Actual Prod. Test-MCF/D <i>44</i>		Length of Test <i>24 hr.</i>	Bbls. Condensate/MMCF <i>0</i>	Gravity of Condensate
Testing Method (pitot, back pr.) <i>Back pr.</i>		Tubing Pressure (Shut-in) <i>460 psi</i>	Casing Pressure (Shut-in) <i>460 psi</i>	Choke Size <i>1/64"</i>

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. L. Handley
(Signature)

Staff
(Title)

3-15-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED *APR 2 1976*, 19

BY *Jerry S. Sells*

TITLE *SUPPLEMENTAL DATA*

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.