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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I. 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:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>STATE C-20</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>EUMONT YATES-7 BIRS</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No.
Location Unit Letter <b>L</b> , <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line of Section <b>20</b> Township <b>21</b> Range <b>36</b> , NMPM, <b>LEA</b> 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"/> <b>SHELL PETROLEUM CORP</b>	Address (Give address to which approved copy of this form is to be sent) <b>MINERAL RESOURCES</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WADSWORTH PETROLEUM CORP</b>	Address (Give address to which approved copy of this form is to be sent) <b>TULSA, OKLAHOMA</b>	
If well produces oil or liquids, give location of tanks. Unit <b>W. SW</b> Sec. <b>20</b> Twp. <b>21</b> Rge. <b>36</b>	Is gas actually connected? <b>YES</b>	When <b>DECEMBER 31, 1971</b>

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		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 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

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.

**M E Gentry**  
(Signature)  
**ADMINISTRATIVE SUPERVISOR**  
(Title)  
**JANUARY 5, 1972**  
(Date)  
**NMOC(S) FILE**

OIL CONSERVATION COMMISSION

APPROVED **JAN 24 1972**, 19  
BY **John Runyan**  
Geologist  
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 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.



**DUPLICATE**  
(File the original and 4 copies with the appropriate district office)

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Continental Oil Company Lease State C-20

Well No. 8 Unit Letter L S 20 T 21S R 36E Pool Emont

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate Shell Pipe Line Corp.

Address Hobbs, N.M.

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Continental Carbon

Address Emise, N.M.

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

**ILLEGIBLE**

Reasons for Filing: (Please check proper box) New Well                      ( )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership                      ( ) Other                      (X)

Remarks: (Give explanation below)

To change pool designation from Emise to Emont effective 9-1-55,  
in accordance with Commission Order No. R-520.

Permission is hereby requested to produce this well into common storage  
with wells on the same lease currently prorate in Emise Pool.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30th day of July 19 55

Approved AUG - 2 1955 19                     

By [Signature]  
Title District Superintendent

OIL CONSERVATION COMMISSION

Company Continental Oil Company

By [Signature]  
Title PRORATION MANAGER

Address Box 427, Hobbs, New Mexico