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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-11
Effective 1-1-65

I.

Operator CONTINENTAL OIL COMPANY	
Address P.O. Box 460, HOBBS, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "D"	Well No. / Pool Name, Including Formation 14 LUMONT YATES 7 RVRS QN.	Kind of Lease State, Federal or Fee STATE	Lease No. B-1537
Location			
Unit Letter A	915 Feet From The NORTH Line and 990 Feet From The EAST		
Line of Section 15	Township 21 S	Range 36 E	NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
EL PASO NATURAL GAS CO	JAL., NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	NO

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.
		X	X					
Date Spudded 7-31-78	Date Compl. Ready to Prod. 9-2-78	Total Depth 3800'	P.B.T.D. 3751'					
Elevations (DF, RKB, RT, GR, etc.) GR 3570.6'	Name of Producing Formation QUEEN	Top Oil/Gas Pay 3430	Tubing Depth 3391'					
Perforations 3444 - 3610'	Depth Casing Shoe 3800'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 3/8"	1328'	700					
7 7/8"	4 1/2"	3800'	1200					
	2 3/8"	3391'						

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 8,952 CADF	Length of Test 4 Hr.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) B.P.	Tubing Pressure (shut-in) 403	Casing Pressure (shut-in) -	Choke Size 24 1/64"

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.

Ben A. Lee
(Signature)
Administrative Supervisor
(Title)
9-26-78
(Date)
NMOCE, HOBBS (5) - FILE

OIL CONSERVATION COMMISSION

APPROVED **JAN 31 1979**, 19_____
BY **Jerry S. Sorenson**
TITLE **SUPERVISOR DISTRICT**

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.

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