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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-110  
Effective 1-1-65

Operator <i>Continental Oil Company</i>			
Address <i>Box 460, Hobbs, N M 88240</i>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	<i>Change in lease name. Formerly Bell Lake Unit Bld A/K 2. Effective 12-1-72</i>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
	Dry 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 <i>Bell Lake Unit 2</i>	Well No. <i>6</i>	Pool Name, including Formation <i>North Bell Lake Swoman Den</i>	Kind of Lease State, Federal or Fee, <i>DM 01244A</i>
Lease No.			
Location			
Unit Letter <i>0</i>	<i>660</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>East</i>		
Line of Section <i>6</i>	Township <i>23-S</i>	Range <i>34-E</i>	County <i>Lea</i>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<i>Reman Oil &amp; Refining Co.</i>	<i>Box 980, Hobbs N M</i>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<i>Transwestern Pipeline Company</i>	<i>Box 2018, Roswell, N.M.</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>0</i>	Sec. <i>6</i>	Trp. <i>23</i>
		Rge. <i>34</i>	Is gas actually connected? <i>Yes</i>
			When <i>8-6-61</i>

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Designate Type of Completion - (X)									
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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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 Yeasley*  
(Signature)  
*Administrative Assistant*  
(Title)  
*12-8-72*  
(Date)  
*NM 000(5) USGS(2) BLU PARTNERS(4) File*

OIL CONSERVATION COMMISSION  
APPROVED *DEC 11 1972*, 19\_\_\_\_\_  
BY *Joe D. Ramsey*  
TITLE *Dist. 1, Supv.*

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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OIL CONSERVATION COMM  
H. H. H.