

DISTRIBUTION			
SANTA FE			
FILE			
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

I. Operator
Continental Oil Company
Address
P. O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) To show new lease name & well No. South Eunice Unit effective 1-1-71. Formerly Meyer & Co. No. 3 operated by Continental
If change of ownership give name and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE
Lease Name South Eunice Unit Well No. 37 Pool Name, including Formation Eunice 7 Rvrs Queen South Kind of Lease State, Federal or Fee Fed.
Location
Unit Letter A 660 Feet From The North Line and 660 Feet From The East
Line of Section 28 Township 22-S Range 36-E NMPG, LGA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) Box 1510, Fort Worth, Texas 76101
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
None Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit 28 Sec. 22 Rge. 36 Is gas actually connected? No 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 Restv. Diff. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
Pool 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/MCF Gravity of Condensate
Testing Method (pitot, 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.
Signature of Administrative Supervisor
1-6-71
NMOCC (S) SEU PART. (S) FILE
OIL CONSERVATION COMMISSION
APPROVED 1 JAN 14 1971
BY
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 all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in recompleted wells.

RECEIVED

JAN 13 1971

**OIL CONSERVATION CLAM.
HOBBBS, N. H.**