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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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) To show new lease name & well No. South Eunice Unit effec. 1-1-71. Formerly ~~Esmond~~ No. 5 operated by ALBERT GORRIS

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **South Eunice Unit** Well No. **53** Pool Name, including Formation **Eunice 7 Rvrs Queen South** Kind of Lease **Fed.**
Location
Unit Letter **B** : **1980** Feet From The **EAST** Line and **660** Feet From The **NORTH**
Line of Section **33** Township **22-S** Range **36-E** NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) **Box 1910, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent) **Odessa, Texas**
If well produces oil or liquids, give location of tanks. Unit **G** Sec. **33** Twp. **22-S** Rge. **36-E** Is gas actually connected? **yes** When **NA**

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'y. Diff. Res'y.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations
ILLEGIBLE
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	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure		

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.

Hub Dwyer
(Signature)
Administrative Supervisor
(Title)

1-6-71

(Date)

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OIL CONSERVATION COMMISSION
JAN 14 1971
APPROVED BY **John W. Runyon**
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 deviated 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 well name or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-well wells.