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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

| | |
|--|---|
| Name <u>Continental Oil</u> | |
| Address <u>P. O. Box 460 Hobbs</u> | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) <u>Well redesignation</u> <u>Formerly State JK No. 4</u> | |
| If change of ownership give name and address of previous owner <u>Shell oil Co.</u> | |

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|-----------------------|--|--|
| Lease Name <u>Tongue Spring Quatern Unit</u> | Well No. <u>10</u> | Pool Name, Including Formation <u>Tongue Spring Quatern</u> | Kind of Lease State, Federal or Private |
| Unit Letter <u>O</u> | Section <u>640</u> | Feet From The <u>South</u> | Line and <u>1650</u> |
| Feet From The <u>East</u> | Range <u>22</u> | Township <u>22-5</u> | Range <u>36-E</u> |
| County <u>Lea</u> | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|----------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 Midland Texas</u> | |
| 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) <u>9th Floor Phillips 66, Alcon, Texas</u> | |
| If well is a producer of liquid, also designate of liquids | Unit <u>0</u> | Section <u>22</u> |
| | Twp. <u>23</u> | Rge. <u>36</u> |
| | Is gas actually connected? <u>Yes</u> | |
| | When <u>4-17-1960</u> | |

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'ty. | Diff. Res'ty. |
| Date Completed | Date Casing Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Cost | Name of Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Performance | | | | | 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 First Flowing Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual First Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | 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.

M. E. Yeakley
(Signature)
Adm. Supervisor
(Title)
4-24-73
(Date)

NMCCC 5, Partners 5, File

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 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.