

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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-104 and C-110
Effective 1-1-65

I. Operator
Continental oil Company
Address: *Box 460 Hobbs, N.Mex*
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): *CASINGHEAD GAS MUST NOT BE
LEASED AFTER 12/24/72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.*

If change of ownership give name
and address of previous owner

THIS WELL HAD BEEN PLACED IN THE POOL
DESIGNATED BY YOU. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<i>State MM Acet 2</i>	<i>2</i>	<i>Bell Lake Bone Springs</i>	<i>R-4464</i> State, Federal or Fee	
Location	Unit Letter	Feet From The	Line and	Feet From The
	<i>N</i>	<i>790'</i>	<i>South</i>	<i>2265'</i>
	<i>31</i>	<i>235</i>	<i>34E</i>	<i>Lea</i>
Line of Section	Township	Range	NMPM,	County

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)					
<i>Permian Corporation</i>	<i>P.O. Box 1183 Houston, Texas 77001</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>none</i>	<i>none</i>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<i>N</i>	<i>31</i>	<i>235</i>	<i>34E</i>	<i>no</i>	<i>N/A</i>

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

N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<i>9-7-72</i>	<i>10-24-72</i>	<i>8900'</i>	<i>8869'</i>					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<i>3617' gr</i>	<i>Bone Springs</i>	<i>8736'</i>	<i>8758'</i>					
Perforations	Depth Casing Shoe							
<i>8739', 8746', 8750', 8764', 8768', 8772'</i>	<i>8900'</i>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>17 1/2"</i>	<i>13 3/8"</i>	<i>1272'</i>	<i>Circ - 1000 Sacks</i>					
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>8900'</i>	<i>475 Sacks</i>					
	<i>220" + 67</i>	<i>8758'</i>						

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.)	
<i>10-24-72</i>	<i>10-24-72</i>	<i>Pump</i>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<i>24 hrs</i>			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<i>86</i>	<i>151</i>	<i>TSTM</i>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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

Robert Gault III
(Signature)
Administrative Supervisor
(Title)
October 30, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED *NOV 1 1972*
BY *James*
TITLE *SUPERVISOR DISTRICT I*

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.

NMOCC-5 File

October 30, 1972

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's State mar No. 2, located in Unit N Section 31, Lea County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
<u>161'</u>	<u>1°</u>	<u>5156'</u>	<u>2 3/4°</u>	<u>8509'</u>	<u>1 1/4°</u>
<u>796'</u>	<u>1 3/4°</u>	<u>5350'</u>	<u>2°</u>	<u>8807'</u>	<u>2°</u>
<u>1047'</u>	<u>2°</u>	<u>5665'</u>	<u>1/2°</u>		
<u>1272'</u>	<u>1 3/4°</u>	<u>6180'</u>	<u>1 1/2°</u>		
<u>1527'</u>	<u>1 3/4°</u>	<u>6718'</u>	<u>1 1/4°</u>		
<u>2043'</u>	<u>1 3/4°</u>	<u>7216'</u>	<u>1°</u>		
<u>2513'</u>	<u>1 1/2°</u>	<u>7467'</u>	<u>1 1/4°</u>		
<u>3018'</u>	<u>2°</u>	<u>7640'</u>	<u>1 1/4°</u>		
<u>3366'</u>	<u>1 1/2°</u>	<u>7874'</u>	<u>1°</u>		
<u>4055'</u>	<u>2°</u>	<u>7888'</u>	<u>1°</u>		
<u>5040'</u>	<u>3°</u>	<u>8165'</u>	<u>1°</u>		

Yours Very truly,

Robert Gault III

Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 30th day of October, 1972.

Oct 2, 1974

My Commission Expires

Louis B. Milhous
Notary Public