

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Continental Oil Co.  
Address P O Box 460 Hobbs NM 88240  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marshall</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>Cruz Delaware</u>	Kind of Lease <u>LC 068848</u> State, Federal or Fee	Lease No.
Location Unit Letter <u>L</u> ; <u>2600</u> Feet From The <u>South</u> Line and <u>1230</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>23S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Midland, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Odessa, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>10</u>	Twp. <u>23</u>	Rge. <u>32</u>	Is gas actually connected? <u>yes</u>	When <u>10-18-77</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>9-17-77</u>	Date Compl. Ready to Prod. <u>10-18-77</u>		Total Depth <u>5303</u>		P.B.T.D. <u>5247</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>5069</u>		Tubing Depth <u>5085</u>			
Perforations <u>5078, 5080, 5082, 5084, 5086, 5088, 5106, 5108.</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>1223</u>	<u>600</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>5247</u>	<u>1200</u>
	<u>2 7/8</u>	<u>5085</u>	

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 <u>10-2-77</u>	Date of Test <u>10-29</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>75#</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil-Bbls. <u>66</u>	Water-Bbls. <u>15</u>	Gas-MCF <u>54</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Bruce Lu  
(Signature)  
Administrative Supervisor  
(Title)  
March 3, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 77  
BY [Signature]  
TITLE [Signature]

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.

11565(2) F: 60

## INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS P.O. Box 460, Hobbs, New Mexico 88240LEASE NAME Marshall #8 WELL NO. 8 FIELD LOCATION Section 19, T-23S, R-33E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
245	1/4	1.0780	1.0780
690	1/2	3.8715	4.9495
839	1/2	1.2963	6.2458
1093	3/4	3.3274	9.5732
1223	1/2	1.1310	10.7042
1467	1/2	2.1228	12.8270
1973	3/4	6.8286	19.4556
2469	1 1/4	10.8128	30.2684
2717	1 1/2	6.4976	36.7660
2965	1 1/4	5.4064	42.1724
3243	1	4.8650	47.0374
3489	1	4.3050	51.3424
3738	3/4	3.2619	54.6043
3981	1	4.2525	58.8568
4256	1 1/4	5.9950	64.8518
4503	1 1/2	6.4714	71.3232
4936	1 3/4	13.2065	84.5297
5300	2 3/4	17.4720	102.0017

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Garlin Taylor  
 TITLE Garlin Taylor, Admn. Asst.

## AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Garlin Taylor  
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 1st day of October, 1977

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

Jerry L. Dyer  
 Notary Public in and for the County  
 of Lea, State of New Mexico