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

W 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 1-1-63

Operator CONTINENTAL OIL CO	
Address Box 460 Hobbs, N.M.	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CHANGE IN LEASE NAME - FORMERLY NORTH EL MAR UNIT STAY #1
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name NORTH EL MAR UNIT	Well No. 33	Pool Name, including Formation EL MAR DELAWARE	Kind of Lease State (Federal or Fee)	Lease No. LC-069515
Location				
Unit Letter P	: 660	Feet From The SOUTH	Line and 660	Feet From The EAST
Line of Section 26	Township 26-S	Range 32-E	NMPM,	LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent) BOX 1510 MIDLAND, TEXAS			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 M	Sec. 25	Twp. 26	Rge. 32
			Is gas actually connected? YES	When 8-22-60

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

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			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
Robert E. Smith (Signature) Staff Assistant (Title) 1-19-76 (Date)		BY _____ TITLE _____	
NIMCC(5) USGS(2) NMFCU(4) - FILE		This form is to be filed in compliance with RULE 110. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device 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 only Sections I, II, III, and VI 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-completed wells.	