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U.S.G.S.	
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 1-1-63

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 Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
CHANGE IN LEASE NAME FORMERLY NORTH EL MAR UNIT BTRY #1	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name NORTH EL MAR UNIT	Well No. 26	Pool Name, including Formation EL MAR DELAWARE	Kind of Lease State, Federal or Fee
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST		Lease No. LC-069515	
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)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (DF, RKB, RT, CR, 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						

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

I. 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 E. Smith	
(Signature)	
Staff Assistant	
(Title)	
1-19-76	
(Date)	

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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit	
Separate Forms C-104 must be filed for each pool in mult completed wells.	

NMCC(5) USGS(2) NMFU(4) - FILE