## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE CONTINENTAL OIL CO. HOBBS MEXICO NEW Reason(s) for filing (Co WELL REDESIGNATION Change in Transporter of: New Well Dry Gas OII Recompletion Casinghead Gas Condensate WILDER NO 20 Change in Ownership If change of ownership give name and address of previous owner 1. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Siate, Federal a EL MAR DELAWARE NORTH ELMAR 1986 Feet From The Loud Line and 1980 Feet From The 32-E, NMPM, 26-5 Range Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

FORMERLY -Leasa No. LC-069515 County Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🗶 NEW MEXICO PIPELINE

ed Transporter of Casinghead Gas (X) or D BOX 1510 MIDLAND TEXAS

Address (Give address to which approved copy of this form is to be sent) HOUSTON, TEXAS CONTINENTAL OIL If well produces oil or liquids, give location of tanks. 32 YE-5 11 26 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Workover Oil Well Gas Well Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil-Bbls. **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION APPROVED\_

BY \_\_\_

TITLE \_

T. CERTIFICATE OF COMPLIANCE

NMOCC 5

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.

SUPERVISOR ADMINISTRATIVE

> 11-15-23

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

This form is to be filed in compliance with RULE 1104.

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 owne well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip completed wells.