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

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)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

CHANGE IN LEASE NAME FORMERLY

NORTH EL MAR UNIT BTRY #1

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name

NORTH EL MAR UNIT

Well No.

28

Pool Name, including Formation

EL MAR DELAWARE

Kind of Lease

State, Federal or Fee

LC-069515

Location

Unit Letter

L

1980

Feet From The

SOUTH

Line and

660

Feet From The

WEST

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

or Condensate

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

or Dry Gas

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 Rest'v.

Diff. Rest'v.

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

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)

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

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 deepened well, this form must be accompanied by a tabulation of the deviated 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 multiple completed wells.