

SANTA FE			
FILE			
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-1
Effective 1-1-65

I. Operator
CONTINENTAL OIL CO.
Address
P.O. BOX 460 HOBBS NEW MEXICO
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
WELL REDESIGNATION FORMERLY - PAYNE NO. 8
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name NORTH ELMAR UNIT BTY 1 Well No. 18 Pool Name, including Formation EL MAR DELAWARE Kind of Lease Lease, Federal or Fee Lease No. NM 0279KB
Location
Unit Letter F : 1886 Feet From The North Line and 1650 Feet From The West Line of Section 30 Township 26-5 Range 33-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
TEXAS NEW MEXICO PIPELINE CO 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 ☐
CONTINENTAL OIL CO (NGICP) Address (Give address to which approved copy of this form is to be sent)
BOX 2197 HOUSTON, 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: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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 (pitot, 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.
SK Allertta
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
11-15-73
(Date)
NMOCC 5, PR 4, 26

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 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.