

|                        |     |
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| DISTRIBUTION           |     |
| PLANT FILE             |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION 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 1-1-65

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<br>NORTH EL MAR UNIT BTRY #5 |
| Recompletion <input type="checkbox"/>  |  |
| Change in Ownership <input type="checkbox"/>   |  |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |  |

If change of ownership give name and address of previous owner \_\_\_\_\_

|  |   |                               |                   |
|--|---|-------------------------------|-------------------|
| DESCRIPTION OF WELL AND LEASE                            |   | Kind of Lease                 | Lease No.         |
| Lease Name<br><u>NORTH EL MAR UNIT</u>                   | Well No.<br><u>4</u>  | State <u>(Federal)</u> or Fee | <u>LC-065880</u>  |
| Pool Name, including Formation<br><u>EL MAR DELAWARE</u> |   |                               |                   |
| Location   |   |                               |                   |
| Unit Letter <u>D</u>                                     | <u>990</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> |                               |                   |
| Line of Section <u>30</u>                                | Township <u>26-S</u>  | Range <u>33-E</u>             | County <u>LEA</u> |

|  |  |                   |                                       |
|--|--|-------------------|---------------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |                   |                                       |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |                   |                                       |
| <u>TEXAS-NEW MEXICO PIPELINE</u>   | <u>BOX 1510 MIDLAND, TEXAS</u>   |                   |                                       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |                   |                                       |
| <u>PHILLIPS PETROLEUM</u>  | <u>ODESSA, TEXAS</u>   |                   |                                       |
| If well produces oil or liquids, give location of tanks.   | Unit<br><u>M</u>   | Sec.<br><u>25</u> | Is gas actually connected? <u>YES</u> |
|  | Twp.<br><u>26</u>  | Rge.<br><u>32</u> | When <u>NA</u>                        |

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

|                                    |                             |                 |          |          |          |                   |           |             |              |
|------------------------------------|-----------------------------|-----------------|----------|----------|----------|-------------------|-----------|-------------|--------------|
| COMPLETION DATA                    |                             | Oil Well        | Gas Well | New Well | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) |                             |                 |          |          |          |                   |           |             |              |
| 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 |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

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            |

7. 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 110a.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 ownership, well name or number, or transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.