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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 1-1-65

Operator <i>Continental Oil Company</i>	
Address <i>Box 960 Hobbs, N. Mex.</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>3-1-69</i>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>CLINE A-15</i>	Well No. <i>2</i>	Pool Name, Including Formation <i>Blind Designated</i>	Kind of Lease <i>Federal</i>	Lease No.
Location <i>Teague-Blindbry R-3731</i>				
Unit Letter <i>M</i> ; <i>660</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i>				
Line of Section <i>15</i> Township <i>23-S</i> Range <i>37-E</i> , NMPM, <i>Lea</i> County				

III. 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)					
<i>T-NM Pipe Line Co</i>	<i>Box 1510, Midland, Texas</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<i>Vented</i>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<i>L</i>	<i>15</i>	<i>23</i>	<i>37</i>		

If this production is commingled with that from any other lease or pool, give commingling order number: *See attached*

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<i>X</i>				<i>X</i>			<i>X</i>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
	<i>3-4-69</i>		<i>5800'</i>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
<i>3308' DF</i>	<i>Blindbry</i>		<i>5496' - 5763</i>			<i>5648'</i>		
Perforations <i>5496', 5510', 26', 37', 63', 68', 85', 5604', 20', 31', 49', 64', 75', 88', 5702', 20', 41', 48', 463'.</i>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>17 1/2</i>	<i>13 7/8</i>	<i>230'</i>	<i>250</i>
<i>12 1/4</i>	<i>9 5/8</i>	<i>3409'</i>	<i>600</i>
<i>8 1/4</i>	<i>7 (liner)</i>	<i>3336 - 3874</i>	<i>200</i>
<i>6 1/4</i>	<i>4 1/2 (liner)</i>	<i>5432' - 5800'</i>	<i>125</i>

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 <i>3-4-69</i>	Date of Test <i>3-28-69</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>29 hrs.</i>	Tubing Pressure <i>-</i>	Casing Pressure <i>Open</i>	Choke Size <i>-</i>
Actual Prod. During Test	Oil-Bbls. <i>73</i>	Water-Bbls. <i>66</i>	Gas-MCF <i>93</i>

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.

M. E. Spickley
(Signature)
Admin. Section Chief
(Title)
3-26-69
(Date)

N.M. O.C.C. 5
7th
Chas. Mich-2
Per Am Hbbs-2
all Rec. Div. 2
Spickley

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *John J. Hany*
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.