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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-110
Effective 1-1-65

APR 17 12 54 PM '69

Operator Continental oil Company
Address Box 460, Hobbs, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
CHANGE IN BATTERY LOCATION

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name FAVES B-1 Well No. 10 Pool Name, Including Formation SCARBOROUGH VATES-TRIVERS Kind of Lease FEDERAL Lease No. 22 030168-B
Location
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST
Line of Section 31 Township 26S Range 37E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
SHELL PIPELINE COMPANY Address (Give address to which approved copy of this form is to be sent)
BOX 1910, MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
EL PASO NATURAL GAS COMPANY Address (Give address to which approved copy of this form is to be sent)
JAL, NEW MEXICO
If well produces oil or liquids, give location of tanks. Unit C Sec. 30 Twp. 26S Rge. 37E Is gas actually connected? YES When N/A

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 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			

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.

M.E. Yerkes
(Signature)
ADMINISTRATIVE SECTION CHIEF
(Title)
APRIL 16, 1969
(Date)

OIL CONSERVATION COMMISSION
APR 18 1969
APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISOR

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.

NMOCC - 5, FILE