## NO. OF COPIES RECEIVED DISTRIBUTION EW MEXICO OIL CONSERVATION COMMISSIC Form C-104 REQUEST FUR ALLOWALL AND AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL PASZ9 203 PM 755 SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Continental Oil Company Box 460 - Hobbs, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) X New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Kind of Lease Federal State, Federal or Fee Well No. Pool Name, Including Formation Eaves B-1 10 Jalmat 💥 🗩 Pool Location \_\_\_Line and \_\_\_\_1980 660 N Feet From The Unit Letter 26S 37E , NMPM, Township Range I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X or Condensate Box 1910, Midland, Texas Shell Oil Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Box 1384, Jal, New Mexico Is gas actually connected? When El Paso Natural <u>Gas</u> Rge. Twp. Sec. Unit If well produces oil or liquids, give location of tanks. Yes 30 26 : If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Deepen Plug Back Same Res'v. Diff. Res'v. New Well Oll Well Gas Well Designate Type of Completion - (X) X Χ Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 10-22-65 3280 LM 10**-**12-65 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Pool 2 3/8 @ 3275 Yates & Seven Rivers Jalmat Multizone Depth Casing Shoe 4 1/2 @ 3280 2993,2995,3005,3055,3059,3154 w/l JSPF TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 423 H-40 24# sx. cmt. J-55 9.5# 3280 80 sx. cmt. V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Flowed 10-27-65 10-22-65 Casing Pressure Choke Size Length of Test Tubing Pressure 4<u>50</u> 24 Oil-Bbls. Actual Prod. During Test 0 597 223 223

GAS WELL Length of Test Gravity of Condensate Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Casing Pressure Choke Size Tubing Pressure

TITLE

## 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.

Staff Supervisor

(Title)

October 29, 1965

NMOCC(5) PAN AM-HOBBS(3), ATL.-ROS.(2), CALIF.-HOUS. & MID - 1 ea.

OIL CONSERVATION COMMISSION

APPROVED

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 Sections I, II, III, and VI only 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.