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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

I.

Operator Continental Oil Company	
Address P. O. Box 460, Hobbs, New Mexico	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Stevens B-7	Well No. 4	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>N/1</u> , 660 Feet From The <u>South</u> Line and 660 Feet From The <u>West</u> Formation.		
Line of Section <u>7</u> , Township <u>23-S</u> , Range <u>37-E</u> , N.M.P.M., Lea 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"/> Texas-New Mexico Pipe Line 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 12
	Twp. 23	Range 36
	Is gas actually connected? Yes	When 5-31-65

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 4-5-65	Date Compl. Ready to Prod. 5-26-65		Total Depth 3735'		P.B.T.D. -			
Well Langlie-Mattix Queen Multizone Pool	Name of Producing Formation Queen		Top Oil/Gas Pay 3532		Tubing Depth 3525			
Perforations 3568, 3574, 3591, 3596, 3602, 3608, 3620, 3624 1/2 @ 3525'					Depth Casing Shoe 4 1/2" @ 3735'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8"	7 5/8"		352'		130 circ.			
6 3/4"	4 1/2"		3735'		230 ret to 2600'			

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 5-26-65	Date of Test 5-31-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 250	Casing Pressure 550	Choke Size 30/64"
Actual Prod. During Test 36 B.O.	Oil-Bbls. 36	Water-Bbls. -0-	Gas-MCF 1059

GAS WELL

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

SIGNED: ROBERT GAULT III

(Signature)

Staff Supervisor

(Title)

June 10, 1965

200-5, USGS-2 SW (Date)

7-PAN AM HOBBS-3, ATL ROS-2, CALIF MID-2.

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.