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| | 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 1-1-66
JAN 31 1 18 PM '66
O. C. C.

| | |
|--|---|
| 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 of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" 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 _____

| | | | | | |
|---------------------------------------|---------------------|----------------------------|---|------------------------------|-----------|
| Lease Name 211 Vaughan B-1 | | Well No. 5 | Pool Name, including Formation Langlie Mattix | Kind of Lease Federal | Lease No. |
| State, Federal or Fee | | | | | |
| Location | | | | | |
| Unit Letter D | 660 | Feet From The North | Line and 660 | Feet From The West | |
| Line of Section 1 | Township 24S | Range 36E | NMPM, Lea | | County |

| | | | | | | |
|--|---------------|--|----------------|----------------|---------------------------------------|---------------------|
| 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) | | | | |
| Shell Oil Company | | Box 1910, Midland, Texas | | | | |
| 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) | | | | |
| El Paso Natural Gas Co. | | Jal, New Mexico | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 1 | Sec. 1 | Twp. 24 | Rge. 36 | Is gas actually connected? Yes | When 12-3-65 |

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

| | | | | | | | | | |
|--|--|--|-------------|--|--------------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 11-9-65 | Date Compl. Ready to Prod. 12-3-65 | Total Depth 3700 | | P.B.T.D. - | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3356 DF | Name of Producing Formation Queen (2nd 3521) | Top Oil/Gas Pay 3528 | | Tubing Depth 2 3/8 @ 3521 | | | | | |
| Perforations 3492, 3512, 3535, 3547, 3556, 3575, 3583, 3591, 3602, JPR | | 3651, W/2 JSPP | | Depth Casing Shoe 4 1/2 @ 3700 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 11 | 7 5/8 | | 314 | | 150 sx C1 C | | | | |
| 6 3/4 | 4 1/2 | | 3700 | | 200 sx C1 C | | | | |

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 1-27-66 | Date of Test 1-27-66 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 32 | Oil-Bbls. 14 | Water-Bbls. 18 | Gas-MCF 220 |

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 | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED _____, 19 _____ | |
| SIGNED: HAL R. STEPHENS (Signature) Staff Supervisor (Title) January 31, 1966 (Date) NMOCC-5, ATL ROS-2, PAN AM HOBBS-3 CALIF MID-2, LPT | | 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 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. | |