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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
Continental Oil Co.

Address
P.O. Box 460 Hobbs, N. Mex.

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 ☐

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Roll Lake Unit 1</u>	Well No. <u>14</u>	Pool Name, including Formation <u>South Roll Lake morrow</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>LC-0613746</u>
Location				
Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>west</u>				
Line of Section <u>5</u> Township <u>24-5</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Pennia Trucking Co.</u>	<u>Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Transwestern Pipeline Co.</u>	<u>Odessa, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>F 5 24 34</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>12-12-73</u>	Date Compl. Ready to Prod. <u>7-3-74</u>	Total Depth <u>14228</u>	P.B.T.D. <u>14,181</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3618'</u>	Name of Producing Formation <u>South Roll Lake morrow</u>	Top Oil/Gas Pay <u>13,854'</u>	Tubing Depth <u>11,795'</u>					
Perforations <u>13854 to 13887 + 13919 to 13923 w/450PF</u>			Depth Casing Shoe <u>14,226'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20"</u>	<u>16"</u>	<u>507</u>	<u>795 (circulated)</u>
<u>12 1/2"</u>	<u>10 3/4"</u>	<u>5190'</u>	<u>2235</u>
<u>9 1/2"</u>	<u>7 5/8"</u>	<u>12,147</u>	<u>650</u>
<u>6 1/2"</u>	<u>5 1/2" liner</u>	<u>11,891 to 14,226</u>	<u>400</u>

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	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
		<u>CAOF 82 MMCF</u>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>at 1 inch pressure</u>	<u>6880</u>		

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.

S. K. Muth
(Signature)

Adm. Supervisor
(Title)

8-2-74
(Date)

W. C. R. 5, P. 5, 7 So

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

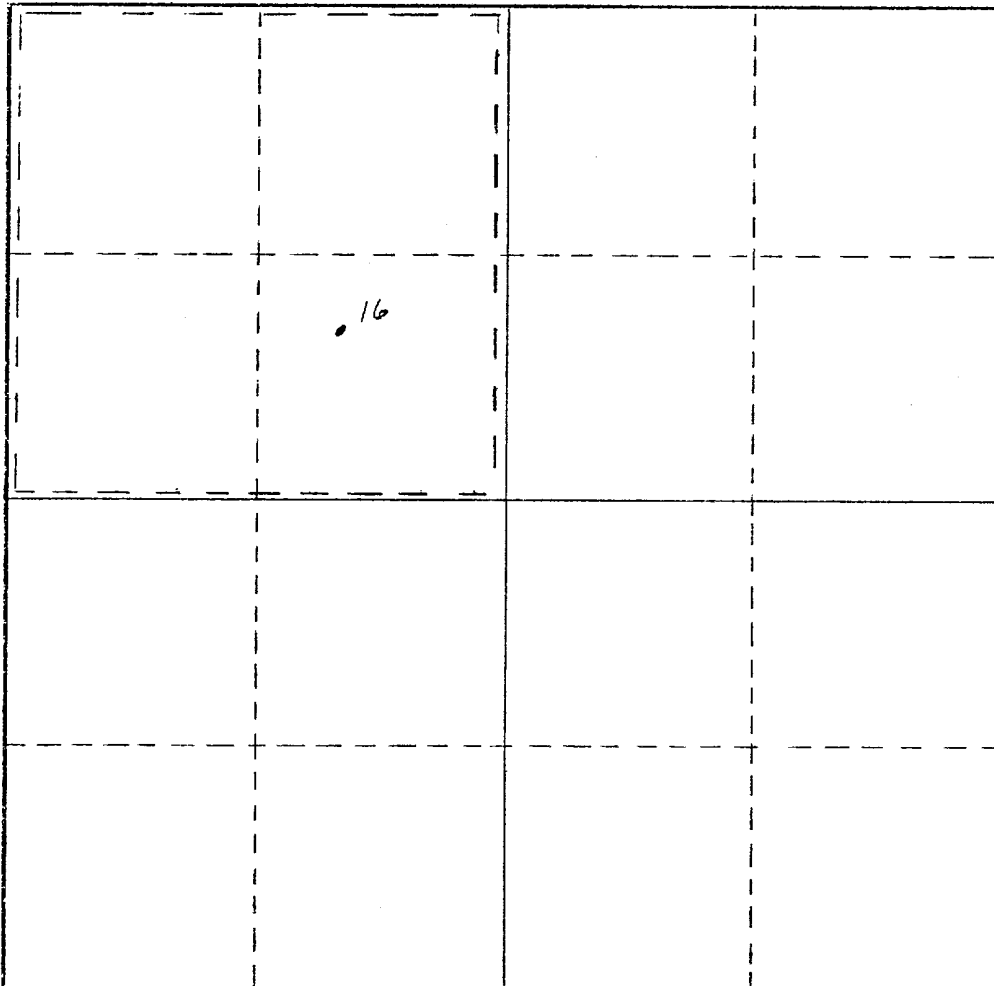
Operator <i>Continental Oil Co.</i>			Lease <i>Bell Lake Unit 1</i>		Well No. <i>14</i>
Unit Letter <i>F</i>	Section <i>5</i>	Township <i>24-S</i>	Range <i>34-E</i>	County <i>Lincoln</i>	
Actual Footage Location of Well: <i>1650'</i> feet from the <i>North</i> line and <i>1650</i> feet from the <i>West</i> line					
Ground Level Elev. <i>3600</i>	Producing Formation <i>Lower Bell Lake member</i>		Pool <i>—</i>	Dedicated Acreage: <i>160</i> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
SK. Clunth
Position
Adm. Supervisor
Company
Continental Oil Co.
Date
8-2-74

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

WELL NAME AND NUMBER Bell Lake Unit 1 No. 14

LOCATION 1650/N&S, Section 5, T24S, R34E, Lea County, New Mexico
(New Mexico give U.S.T&R: Texas give S, BLK, SURV. and TWP)

OPERATOR Continental Oil Company

DRILLING CONTRACTOR MORANCO

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees and Depth</u>		<u>Degrees and Depth</u>		<u>Degrees and Depth</u>		<u>Degrees and Depth</u>	
0	88	2 3/4	2131	1 3/4	4207	2	11,690
1/2	207	2 3/4	2569	3 1/4	4860	2	12,140
1/4	307	2 1/2	2632	2	5190	2 1/4	12,340
1/2	416	2	2757	2 1/2	5970	2 1/2	12,985
1/2	700	2 1/2	2852	2 1/2	6800	2 3/4	13,445
3/4	953	2 1/4	3041	1 3/4	7167	3 1/4	13,785
1 1/4	1204	2	3230	1 3/4	7339	3 1/2	14,228
1 1/2	1331	1 3/4	3324	1 3/4	8362		
1 3/4	1426	2	3419	1 1/4	8866		
2	1647	2	3640	1/2	9100		
2	1774	2	3734	1	9831		
2	1835	2	3831	1 1/2	10,393		
2 1/4	1899	2 1/4	3939	1 3/4	10,540		
2 3/4	1962	1 3/4	4050	1 3/4	11,154		

Drilling Contractor MORANCO

By K. D. McPeters
K. D. McPeters, Vice President

Subscribed and sworn to before me this 22nd day of April 1974

My Commission expires:

April 1, 1978

Notary Public
Lea County, New Mexico