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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-
Effective 1-1-65

I. Operator
Operator Continental Oil Company
Address Box 460 Hobbs New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) RECOMPLETION GAS MUST BE RE-PRODUCED AFTER 3/3 YEARS AN EXCEPTION TO 14010 IS OBTAINED.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Russell 30 Federal</u>	<u>2</u>	<u>Masson Delaware North</u>	State, Federal or Fee <u>LC 0682516</u>	
Location				
Unit Letter <u>D</u>	<u>330</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>30</u>	Township <u>26</u>	Range <u>32</u>	NMPM, <u>LEA</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Permian Corporation</u>	<u>Box 3119, Midland Texas</u>	
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)	
<u>Phillips Petroleum Corporation</u>	<u>Box 791, Midland Texas</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>D</u>	<u>30</u>
		<u>26</u>
		<u>32</u>
		<u>NO</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 <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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>12-15-73</u>	Date Compl. Ready to Prod. <u>1-2-74</u>	Total Depth <u>4350</u>	P.B.T.D. <u>4327</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3158 GR</u>	Name of Producing Formation <u>Masson Delaware North</u>	Top Oil/Gas Pay <u>4233</u>	Tubing Depth <u>4191</u>					
Perforations <u>4250, 56, 58, 62,</u>			Depth Casing Shoe <u>4354</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>8 5/8</u>	<u>1108</u>	<u>300</u>					
<u>7</u>	<u>5 1/2</u>	<u>4350</u>	<u>295</u>					
	<u>2 3/8</u>	<u>4291</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 <u>1-3-74</u>	Date of Test <u>1-7-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24</u>	Tubing Pressure <u>40</u>	Casing Pressure	Choke Size <u>Open</u>
Actual Prod. During Test	Oil-Bbls. <u>111</u>	Water-Bbls. <u>33</u>	Gas-MCF <u>NA</u>

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

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.

Administrative Supervisor
(Signature)
1-8-74
(Date)

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.

Umore (5) USGS (2) L...



Production Department
Hobbs Division

Western Hemisphere Petroleum Division
Continental Oil Company
P. O. Box 460
1001 North Turner ⁸⁻⁷⁴
Hobbs, New Mexico 88240
(505) 393-4141

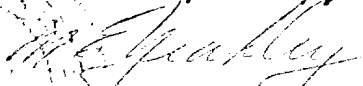
New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

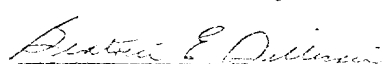
In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's Russell No. 2, located in Unit D Section 30, LEA County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>205</u>	<u>1/4</u>	<u>3610</u>	<u>1 3/4</u>		
<u>413</u>	<u>1/4</u>	<u>4111</u>	<u>2</u>		
<u>663</u>	<u>1/2</u>	<u>4175</u>	<u>2</u>		
<u>926</u>	<u>1/2</u>				
<u>1174</u>	<u>3/4</u>				
<u>1391</u>	<u>3/4</u>				
<u>1641</u>	<u>1</u>				
<u>1893</u>	<u>1</u>				
<u>2237</u>	<u>1</u>				
<u>2714</u>	<u>1 1/4</u>				
<u>3123</u>	<u>1 1/2</u>				

Yours very truly,


Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 8th day of January, 1974.

7-4-76
My Commission Expires


Notary Public