

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 as  
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator  
Address CONTINENTAL OIL COMPANY  
Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	SLIPPED AFTER 7/1/74
		Dry Gas	<input type="checkbox"/>	ON 11-15-1970 TO 11-1970
		Condensate	<input type="checkbox"/>	RECOMPLETED.

If change of ownership give name and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Plenumation	Kind of Lease	Lease
<u>Russell 30 Federal</u>	<u>3</u>	<u>Mason Delaware North</u>	State, (Federal or Fee)	<u>LC-068281B</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>E</u>	<u>1650</u>	<u>NORTH</u>	<u>660</u>
Line of Section	Township	Range	NMPM,	Count
<u>30</u>	<u>26S</u>	<u>32E</u>	<u>LCA</u>	

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 79701</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</u>	<u>Box 791 Midland, Texas 79701</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>30</u> Twp. <u>26</u> Rge. <u>32</u>	<u>NO</u>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>4-4-74</u>	<u>5-1-74</u>	<u>4340</u>	<u>4173</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3153 GR</u>	<u>MASON DELAWARE</u>	<u>4239</u>	<u>4215</u>					
Perforations			Depth Casing Shoe					
<u>NONE</u>			<u>4214</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>8 3/8</u>	<u>430</u>	<u>210</u>					
<u>7</u>	<u>5 1/2</u>	<u>4210</u>	<u>200</u>					
	<u>2 3/8</u>	<u>4215</u>						

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>5-1-74</u>	<u>5-12-74</u>	<u>PUMP</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 HRS</u>	<u>—</u>	<u>—</u>	<u>—</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>27</u>	<u>114</u>	<u>54</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.

D. Pullman  
(Signature)  
Senior Staff Assistant  
(Title)  
5-14-74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
TITLE SECRETARY

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.

more (5) 45654 file

5-13-74

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 30 Federal No. 3, located in Unit E Section 30, Lea County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
<u>430</u>	<u>1/4</u>	<u>3013</u>	<u>1</u>		
<u>657</u>	<u>1/2</u>	<u>3263</u>	<u>1 1/4</u>		
<u>874</u>	<u>3/4</u>	<u>3489</u>	<u>1 1/2</u>		
<u>1075</u>	<u>1</u>	<u>3580</u>	<u>1 1/4</u>		
<u>1313</u>	<u>1</u>	<u>3739</u>	<u>1 3/4</u>		
<u>1724</u>	<u>1 1/4</u>	<u>3951</u>	<u>1 1/4</u>		
<u>1972</u>	<u>1 1/2</u>	<u>4116</u>	<u>1 1/2</u>		
<u>2223</u>	<u>1 1/2</u>	<u>4210</u>	<u>2</u>		
<u>2333</u>	<u>2</u>				
<u>2570</u>	<u>2</u>				
<u>2700</u>	<u>1 1/2</u>				

Yours very truly,

*Charles W. Henson*

Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 14th day of May, 1974.

7-4-76  
My Commission Expires

*Arthur E. Dutton*