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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

EW MEXICO OIL CONSERVATION COMMISS
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 <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 460, Hobbs, New Mexico 88440</u>	
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 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 _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Russell 30 Federal</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>MASON Delaware NORTH</u>	Kind of Lease <u>LC 068281(B)</u>	Lease No.
Location				
Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u>				
Line of Section <u>30</u> Township <u>26-S</u> Range <u>32-E</u> , NMPM, <u>Lee</u> County				

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>WESTERN OIL TRANSPORTATION</u>	<u>MIDLAND TEXAS</u>			
Name of Authorized Transporter of Casinghead Gas <input 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>Odessa TEXAS</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>F</u>	<u>19</u>	<u>26</u>	<u>32</u>
Is gas actually connected?	When			
<u>yes</u>	<u>5-4-75</u>			

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

COMPLETION DATA

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 <u>4-6-75</u>	Date Compl. Ready to Prod. <u>5-4-75</u>	Total Depth <u>4307</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3137 GR</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>4245</u>	Tubing Depth					
Perforations <u>Open Hole</u>	Depth Casing Shoe <u>4250</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 3/8</u> <u>5 1/2</u>	DEPTH SET <u>524</u> <u>4350</u>	SACKS CEMENT <u>275</u> <u>225</u>
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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>5-4-75</u>	Date of Test <u>5-20-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>55</u>	Water - Bbls. <u>129</u>	Gas - MCF <u>102</u>

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

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.

B. D. Dilligan
(Signature)
Asst
(Title)
5-20-75
(Date)

NM00651 4565(2) file

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
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.

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS P. O. Box 460, Hobbs, New Mexico 88240

LEASE Russell Federal 30 WELL NO. 6 FIELD

LOCATION 1650' FNL & 2310' FEL Section 30, T-26S, R-32E, Lea County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
250	1/4	1.1000	1.1000
523	1/2	2.3751	3.4751
753	1/2	2.0010	5.4761
814	3/4	0.7991	6.2752
1063	1	4.3575	10.6327
1309	1	4.3050	14.9377
1557	3/4	3.2488	18.1865
1694	3/4	1.7947	19.9812
1920	3/4	2.9606	22.9418
2166	3/4	3.2226	26.1644
2381	2	7.5035	33.6679
2630	2	8.6901	42.3580
2787	2	5.4793	47.8373
3029	1 1/2	6.3404	54.1777
3214	1 1/2	4.8470	59.0247
3463	1 1/2	6.5238	65.5485
3707	1 1/2	6.3928	71.9413
3959	1 1/2	6.6024	78.5437
4245	1 1/2	7.4932	86.0369

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

Ken Hedrick
Title: Drlg. Supt.

Affidavit:

Before me, the undersigned authority, appeared KEN HEDRICK known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 20th day of

MAY 19 75.

Jerry L. Murrick