

DISTRIBUTION			
SANTA FE			
FILE			
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 <u>CONTINENTAL OIL Company</u>	
Address <u>Box 460 Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>RUSSELL 30 FEDERAL</u>	Well No. <u>8</u>	Pool Name, including Formation <u>MASON DELAWARE NORTH</u>	Kind of Lease <u>LC 068281 B</u> State, <u>Federal</u> or Fee	Lease No.
Location				
Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>WEST</u>				
Line of Section <u>30</u> Township <u>26-S</u> Range <u>32-E</u> , NMPM, <u>LEA</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 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>Odessa Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	<u>F</u>	<u>19</u>	<u>26</u>	<u>32</u>	<u>yes</u>	<u>10-19-76</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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>9-23-76</u>	Date Compl. Ready to Prod. <u>10-19-76</u>		Total Depth <u>5820</u>		P.B.T.D. <u>4442</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3135 GR</u>	Name of Producing Formation <u>DELAWARE</u>		Top Oil/Gas Pay <u>4205</u>		Tubing Depth <u>4304</u>			
Perforations <u>4254-58, 4262-66</u>					Depth Casing Shoe <u>4442</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2</u>	<u>9 5/8</u>	<u>1075</u>	<u>500</u>
<u>8 3/4</u>	<u>7</u>	<u>4470</u>	<u>300</u>
	<u>2 3/8</u>	<u>4304</u>	

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>10-19-76</u>	Date of Test <u>11-9-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hrs</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil-Bbls. <u>42</u>	Water-Bbls. <u>76</u>	Gas-MCF <u>174</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. Pullen
(Signature)
Asst
(Title)
11-16-76
(Date)
Unrec'd USGS file

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Barry J. Miller
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

CONTINENTAL OIL COMPANY

P. O. Box 460
Hobbs, New Mexico
11-11-76

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. 8, located Unit Unit K Section 30, T. 26S, R. 33E, LEA County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
<u>249</u>	<u>1/4</u>	<u>2400</u>	<u>2 1/2</u>		
<u>459</u>	<u>1/2</u>	<u>2694</u>	<u>2</u>		
<u>704</u>	<u>3/4</u>	<u>2884</u>	<u>1 1/4</u>		
<u>944</u>	<u>3/4</u>	<u>3314</u>	<u>1</u>		
<u>1075</u>	<u>1</u>	<u>3786</u>	<u>3/4</u>		
<u>1306</u>	<u>1</u>	<u>4385</u>	<u>3/4</u>		
<u>1556</u>	<u>1 1/4</u>	<u>4960</u>	<u>1/2</u>		
<u>1805</u>	<u>1 1/2</u>	<u>4995</u>	<u>1/2</u>		
<u>1992</u>	<u>2</u>	<u>5420</u>	<u>3/4</u>		
<u>2290</u>	<u>2 1/4</u>				
<u>2318</u>	<u>2 3/4</u>				

Yours very truly,

Wm. A. Butterfield

Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 11th day of November, 1976.

7-4-80
My Commission Expires

Bertie E. Dillman
Notary Public