

DISTRIBUTION			
SANITARY			
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 1-1-85

Operator <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 460 Hobbs, N.M. 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CAUTIONED GAS MUST NOT BE PRODUCED FROM THIS WELL DUE TO VIOLATION TO RULE 1104 <u>6-18-77</u> <u>6-18-77</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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>NORTH EL MAR UNIT</u>	Well No. <u>59</u>	Pool Name, including Formation <u>EL MAR DELAWARE</u>	Kind of Lease <u>NM-02791A</u> State, Federal or Fee	Lease No.
Location				
Unit Letter <u>E</u>	<u>600</u>	Feet From The <u>South</u> Line and <u>900</u>	Feet From The <u>West</u>	
Line of Section <u>35</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>TEXAS-NEW MEXICO PIPELINE</u>	<u>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>CONTINENTAL OIL CO</u>	<u>HOUSTON, TEXAS</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>25</u>	Twp. <u>26</u>	Rge. <u>32</u>	Is gas actually connected? <u>NO</u>	When

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>12-13-76</u>	Date Compl. Ready to Prod. <u>1-21-77</u>	Total Depth <u>4550</u>	P.B.T.D. <u>4525</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3092 GR</u>	Name of Producing Formation <u>DELAWARE</u>	Top Oil/Gas Pay <u>4476</u>	Tubing Depth <u>4464</u>					
Perforations <u>4481, 83, 87, 92, 94, 4500, 02, 04, 06</u>	Depth Casing Shoe <u>4550</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>650</u>	<u>400</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>4550</u>	<u>300</u>
	<u>2 3/8</u>	<u>4464</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>4-18-77</u>	Date of Test <u>4-19-77</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-Bble. <u>10</u>	Water-Bble. <u>1</u>	Gas-MCF <u>757M</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. Miller
(Signature)
By Jerry
(Title)
4-28-77
(Date)
NMOCC(5) US65(2) PARTNERS (9) FILE

OIL CONSERVATION COMMISSION

APPROVED APR 28 1977, 19_____
BY [Signature]
TITLE [Signature]

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.

RECEIVED
JUN 25 1977
U.S. AIR FORCE

INCLINATION REPORT

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

LEASE North El Mar Unit WELL NO. 59 FIELD

LOCATION 600' FSL & 900' FWL Section 35 T-26S, R-32E, Lea County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
233			
460	1/4	1.0252	1.0252
650	1/2	1.9749	3.0001
880	1	3.3250	6.3251
1130	1 1/4	5.0140	11.3391
1380	1 1/2	6.5500	17.8891
1630	1 3/4	7.6250	25.5141
2104	1 1/4	5.4500	30.9641
2356	1 1/4	10.3332	41.2973
2606	1 1/4	5.4936	46.7909
2850	1 1/2	6.4452	53.2361
3003	1 1/4	5.4064	58.6425
3253	1 1/4	3.3354	61.9779
3478	1 1/4	5.4500	67.4279
3698	1 3/4	6.8625	74.2904
3946	2 1/2	9.5920	83.8824
4193	2 3/4	11.9040	95.7864
4493	3	12.9181	108.7045
4450	2 3/4	11.8080	120.5125
	2 3/4	.5280	121.0405

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: Ken Hedrick, Drilling Superintendent

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 27th day of December 1976.