

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
Continental Oil Company

Address
Box 460 Lubbock NM 88240

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>NORTH EL MAR Unit</u>	<u>600</u>	<u>EL MAR Delaware</u>	<u>Non-02791A</u>	

Location

Unit Letter G ; 500 Feet From The South Line and 1650 Feet From The EAST

Line of Section 35 Township 26-S Range 32-E , NMPM, Lea 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>Phillips Petroleum</u>	<u>Odessa, Texas</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>M</u>	<u>25</u>	<u>26</u>	<u>32</u>	<u>yes</u>	<u>3-23-77</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>12-23-76</u>	<u>1-27-77</u>	<u>4665</u>	<u>4626</u>

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3090 GR</u>	<u>Delaware</u>	<u>4556</u>	<u>4604</u>

Perforations	Depth Casing Shoe
<u>4556-78 & 4582-92</u>	<u>4665</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>4665</u>	<u>330</u>
	<u>2 3/8</u>	<u>4594</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>3-23-77</u>	<u>6-28-77</u>	<u>Pump</u>	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>-</u>	<u>-</u>	

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>3</u>	<u>4</u>	<u>3</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

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.

Bern R. Liu
(Signature)
Administrative Supervisor
(Title)
July 26, 1977
(Date)
note(s) USGS (1) Phillips (7) file

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1977

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.

INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS P.O. Box 460 Hobbs, New Mexico 88240
 LEASE North Bl Mar Unit WELL NO. 60 FIELD
 LOCATION Sec. 35, T-26S, R-32E

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
238	1 1/4	1.0472	1.0472
650	3/4	5.3972	6.4444
884	1	4.0950	10.5394
1105	1	3.8675	14.4069
1355	1 1/4	5.4500	19.8569
1604	1 1/2	6.5238	26.3807
1854	1 1/2	6.5500	32.9307
2105	1 1/4	5.4718	38.4025
2355	1 1/2	6.5500	44.9525
2605	1 3/4	7.6250	52.5775
2826	2 1/4	8.6853	61.2628
2870	2 1/2	1.9184	63.1812
3107	3 1/4	13.4379	76.6191
3355	3 3/4	14.0616	90.6807
3479	3 1/2	7.5640	98.2447
3540	3	3.1903	101.4350
3594	3	2.8242	104.2592
3663	2 3/4	3.3120	107.5712
3750	2 3/4	4.1760	111.7472
4005	3 1/4	14.4585	126.2057
4066	2 3/4	2.9280	129.1337
4161	3	4.9685	134.1022
4316	3	8.1065	142.2087
4360	2 3/4	2.1120	144.3207
4600	1	4.2000	148.5207
4665	1	1.1375	149.6582

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 5th day of January 1977.