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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
OIL AND NATURAL GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUN 29 2 56 PM '67

I. Operator **Continental Oil Company**  
 Address **P. O. Box 460, Hobbs, New Mexico 88240**  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership   
 Other (Please explain) **To show distillate transporter on gas well.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **Wells B-1** Well No. **1** Pool Name, including Formation **Jalnat Gas** Kind of Lease **Federal** Lease No. \_\_\_\_\_  
 Location Unit Letter **A** **660** Feet From The **North** Line and **660** Feet From The **East**  
 Line of Section **1** Township **25** Range **36**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
**Texas New Mexico Pipe Line Company** Address (Give address to which approved copy of this form is to be sent) **Box 1510, Midland, Texas**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**El Paso Natural Gas Company** Address (Give address to which approved copy of this form is to be sent) **El Paso, Texas**  
 If well produces oil or liquids, give location of tanks. Unit **A** Sec. **1** Twp. **25** Rge. **36** Is gas actually connected? **Yes** When **9-3-57**

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

IV. COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Perforations Depth Casing Shoe  
 TUBING, CASING, AND CEMENTING RECORD  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. 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.)  
 Length of Test Tubing Pressure Casing Pressure Choke Size  
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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

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.  
**NMCC-5 ATL-Ros-2 PAN AM-Hobbs-2**  
**SALIF-Mid-2 FILE**  
 (Signature) **Supervising Engineer**  
 (Title)  
**6-29-67**  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 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.

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