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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

FEB 21 1967
 O.C.C.
 AM '67

I. Operator
 Continental Oil Company
 Address: P. O. Box 460, Hobbs, New Mexico
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: X
 Recompletion Dry Gas
 Change in Ownership Casinghead Gas Condensate
 EFFECTIVE MARCH 1, 1967

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Sholes b-19	Well No.	3	Pool Name, including Formation	Jalmat 7 rivers	State	Lease No.
						Federal	
Location							
Unit Letter	B	Feet From The	77	Line and	111	From The	
Line of Section	19	Township	25S	Range	37E	NMPM	Lee County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent)	P. O. BOX 3119, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)	Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit: F, Sec: 19, Twp: 25S, Rge: 37E	Is gas actually produced?	Yes, 8-23-57

If this production is commingled with that from any other lease or pool, give commingling volume

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Well	Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	FT.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Log	Depth				
Perforations							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 production is 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, pressure, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

SIGNED

(Signature)

Staff Supervisor

(Title)

2-22-67

(Date)

NMOCC-5 PAN AM-2 ATL-2 STD-2
 JLW FILE

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.