	NO. OF COPIES RECEIVED	,—				
	DISTRIBUT ON SANTA FE	NEW MEXICO CIL	CONSERVATION COMMISSIU.	Form C-104		
	FILE	REQUES	T FOR ALLOWABLE O. C. C.	Supersedes Old C-104 and C-11 Effective 1-1-6\$		
	U.S.G.S.		IABLITAN DIA NO TROPIAS	·		
	LAND OFF.CE		RANSPORT OIL AND NATURGE MAR 28 8 23 AN GG	L CAS		
	TRANSPORTER GAS					
	OPERATOR	- <del>-</del> -				
I.	PRORATION OFFICE Operator					
	Continental Oil Company Address					
	Box 460 Hobbs, New Mexico  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New Well	Change in Transporter of:	Office (Trease explain)	,		
	Recompletion Change in Opposition	Oil Dry (	Gas To show casing!	nead gas transporter		
	Change in Ownership		densate TO Show Casting	lead gas transporter		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND Lease Name	D LEASE Well No. Pool Yame, including	Fermation Kind of Le	ase Legse No.		
	State A			erd. or Fee State		
	Unit Letter <u>F.</u> ; <u>19</u>	980 Feet From The North	ine and $660$ Feet Fro	m The East		
	Line of Section 5	ownship 24 Pange	38 , NMPM, Lea	County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	GAS			
	Shell Pipeline Compa	any	Box 1910, Midland, Te	exas		
	Name of Authorized Transporter of O Union Oil Company of			proted copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Yes	3-14-66		
IV.	If this production is commingled w COMPLETION DATA	with that from any other lease or pool		3-14-00		
	Designate Type of Complete	ion - (X)	New Well Workover Deepen	Flug Back   Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top CE/Gas Pay	Tubing Depth		
	Perforations	- <u>-</u>		Depth Casing Shoe		
	HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT		
				SACKS SEMENT		
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be	after recovery of total volume of load o lepth or be for full 24 hours)	il and must be equal to or exceed top allow-		
	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-Bhis.	Water - Bbls.	Gd8 • MCF		
			14101-22131	Gab - MC.		
	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		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
	Commission have been complied	with and that the information given				
	above is true and complete to th	e best of my knowledge and belief.	BY			

(Signature)

(Title)

FILE

SLO

NMOCC (5)

3-25-66

Staff Supervisor

APPROVED \_\_

TITLE

This form is to be filed in compliance with RULE 4104. 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.

OF CODICE OF COLUMN					
DISTRIBUTION	—				
SANTA FE		NSERVATION COMMISS	Form C-104 Supersedes Cld C-104 and C-1		
FILE	REQUEST F	AND HOBBS OF	FFICE OF C. C.		
U.\$.G.\$.	AUTHORIZATION TO TRAN	JEPOPT OIL AND MATHE VL O	` A .		
LAND OFFICE	AOTHORIZATION TO TRAI	MAR 9	16 PH 166		
IRANSPORTER			TA LU . PA		
SAS					
OPERATOR					
PRORATION OFFICE					
Operator ()	il Carriani				
Continental 3	11 Company		-4		
Box 460 - Hobbs, New Mexico					
	eason(s) for filing (Check proper box)  Other (Please explain)				
New Well	Change in Transporter of:	Permanent Pineli	ine Connection Made		
Recompletion	Oil X Dry Gas				
Change in Cwnership	Casinghead Gas Condens	sate	<u> </u>		
change of ownership give name					
ad address of previous owner					
ESCRIPTION OF WELL AND LEASE  Jease Name  Well No. Pool Name, Including Formation  Kind of Lease					
State A	1 Stateline Ellen	State Federa	State		
Location			,-		
Unit Letter H;	1980 Feet From The worth Line	and 660 Feet From	The <u>East</u>		
, <u></u> ,					
Line of Section 5	Township 24 Range 38	, NMEM,	Lea County		
		-			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit Ton or Condensate Address (Give address to which approved copy of this form is 11.55 sen					
i		Box 1910 - Midland, Te			
Shell Pipeline Com	npany f Casinghead Gas or Dry Gas	Address (Give address to which appro	wed copy of this form ( ) ble sent!		
	<del></del>		<u> </u>		
inone  If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Wh	er.		
give location of tanks.	5 24 38	·lo			
If this production is commingled	d with that from any other lease or pool,	give commingling order number:	:		
. COMPLETION DATA		New Well Workover Deepen	Tug Back Sare Newton Tiff. Res		
Designate Type of Compl	01. 11011	New Well Workevel Bespen			
	Date Compl. Ready to Prod.	Total Depth	2.B.T.D.		
Date Spudded	Bate compt. Heady to the	•			
Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	- Top CE/Gas Pay	Tubing Depth		
Perforations			Sept., Casing & the		
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS LEMEN		
		1			
TOTAL AND PROVINCE	T FOR ALLOWARIE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top all		
TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift etc.)					
Date First New Oil Flun To Tanks	a Date of Test	Producing Method (Flow, pump, gas	ilit etc.)		
		Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Casing Pressure			
	Ci;-Bbls.	Water - Bbis.	Gas - MCF		
Actual Prod. During Test	CIBbie.				
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		
I. CERTIFICATE OF COMPL	LIANCE	OIL CONSERV	ATION COMMISSION		
		ADDROVED	, 19		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given					
	lied with and that the information given to the best of my knowledge and belief.	The state of the s			
adote to trae and complete		TITLE			
	5				
· ·		This form is to be filed in	n compliance with RULE 1104.		
1350 - 12	CC 222		owable for a newly drilled or deepe panied by a tabulation of the devia		
	(Signature)	tests taken on the well in acc	GOLGRUCE MITTI MOFF		
Super	vising Analyst	All sections of this form table on new and recompleted	must be filled out completely for all wells.		
	(Title)	able on new and recompleted	at its and to for changes of ow		

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.

March 7, 1966 NMOCC-HOBBS(5) SLO FILE