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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

I. CONTINENTAL OIL COMPANY	
Address P. O. Box 460, Hobbs, N.M.	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No., Pool Name, Including Formation 1 Ellenburger	Kind of Lease State, Federal or Fee State
Location Unit Letter H, 1980 Feet From The North Line and 660 Feet From The East		
Line or Section 5, Township 24-S Range 38-E, N.M.P.M. Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
McWood Corp.	2003 Wilco Bldg., Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Vented	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? Well
	H 5 24 38 No

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plot Area	State Res'ty.	Diff. Res'ty.
Date Drilled 8-8-65	Date Compl. Ready to Prod. 10-11-65	Total Depth 12,215	H.D.T.D.	
Well State Line Ellenburger	Name of Producing Formation Ellenburger	Top Oil/Gas Day 12,000	Total Depth	
Perforations 12,098, 12,106, 12,129, 12,137, W/ 2 SPF		Depth Casing Shoe 12,215		
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17 1/2	13 3/8	420	300	
12 1/4	8 5/8	3500	550	
	5 1/2	12,215	200	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load out 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 10-10-65	Date of Test 10-11-65	Flowing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 17	Tubing Pressure 700	Casing Pressure 700	Choke Size 16/64"
Actual Prod. During Test 353	Oil - Bbls. 353	Water - Bbls. 0	Gas - MCF 202

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbs./ Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

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 Sections I, II, III, and VI only 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

Hal R. Stephens

(Signature)

Staff Supervisor

(Title)

October 14, 1965

(Date)