

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 1-1-55

Operator <i>Continental Oil Company</i>	
Address <i>Box 460, Hobbs New Mexico 88240</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>Request will be reclassified as oil well per test data shown.</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name <i>Wells B-1</i>		Well No. <i>3</i>	Pool Name, including Formation <i>Galmit Yates 7' zone</i>	Kind of Lease State, Federal or Fee <i>Federal</i>	Lease No. <i>0325826</i>
Location Unit Letter <i>C</i> ; <i>660</i> Feet From The <i>North</i> Line and <i>1650</i> Feet From The <i>West</i>					
Line of Section <i>1</i> Township <i>25-S</i> Range <i>36-E</i> , NMPM, <i>Lin</i> County					

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)				
<i>Texaco New Mexico Pipeline Company</i>		<i>P.O. Box 1510, Midland Texas</i>				
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)				
<i>El Paso Natural Gas Company</i>		<i>Gal, New Mexico</i>				
If well produces oil or liquids, give location of tanks.	Unit <i>C</i>	Sec. <i>1</i>	Twp. <i>25</i>	Rge. <i>36</i>	Is gas actually connected? <i>no</i>	When

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

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 <i>11-21-68</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>24 hrs.</i>	Tubing Pressure <i>12.5 #</i>	Casing Pressure <i>600 #</i>	Choke Size <i>20/64</i>
Actual Prod. During Test	Oil-Bbls. <i>47</i>	Water-Bbls. <i>55</i>	Gas-MCF <i>323</i>

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

I. 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.

Robert Gault III
(Signature)
Administrative Section Chief
(Title)
11-22-68
(Date)

NMOC(3) all Rec (2) Chas. Mail (2) Jim and Hank

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *James O. Ramsey*

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.