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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

Operator Continental Oil Company	
Address Box 460, Hobbs, New Mexico 88240	
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

Lease Name Jack A-29	Well No. 6	Pool Name, Including Formation Lindie Mithel River Run	Kind of Lease State, Federal or Fee	Lease No. 77M 7486
Location Unit Letter G ; 1900 Feet From The North Line and 1700 Feet From The East				
Line of Section 29 Township 24-S Range 37-E, NMPM, Lea County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas		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 B	Sec. 29	Twp. 24	Rge. 37	Is gas actually connected? Yes	When NA

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-214

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"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 3-1-71	Date Compl. Ready to Prod. 3-19-71	Total Depth 3675'		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 3276' DF	Name of Producing Formation Lindie Mithel	Top Oil/Gas Pay 3414'		Tubing Depth 3580'					
Perforations 3601', 3535', 3533', 3502', 3500', 3498', 3496', 3494', 3418', 3416', & 3414' w/ 5 SFF.		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 756'		SACKS CEMENT w/ 350 cement. Circ.				
7 7/8"	5 1/2"		3675'		w/ 150 cement. Circ.				
	2 3/8"		3580'						

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 3-19-71	Date of Test 3-25-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 50#	Choke Size
Actual Prod. During Test	Oil-Bbls. 58	Water-Bbls. 30 (BLW)	Gas-MCF —

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 29 1971, 19	
M.E. Yeakley (Signature) Administrative Supervisor (Title) March 26, 1971 (Date)		BY J. R. O'Keefe SUPERVISOR DISTRICT	
NHCC-5 77MFL(4) USGS(2)		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.	