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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

Operator CONTINENTAL OIL COMPANY	
Address P.O. Box 460, HOBBS, N. MEX.	
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 WELLS A	Well No. 8	Pool Name, Including Formation JALMAT GAS	Kind of Lease State, Federal or Fee FED.	Lease No. LC-032522(6)
Location Unit Letter N ; 990 Feet From The SOUTH Line and 1650 Feet From The WEST Line of Section 1 Township 25-S Range 36-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS CO.	JAL, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit 2887	Sec. 2895
	Twp. 2976	Rge. 2975
	Is gas actually connected?	When
	YES	3-23-72

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-23-71	Date Compl. Ready to Prod. 11-1-71	Total Depth 3450'	P.B.T.D. 3409'					
Elevations (DF, RKB, RT, GR, etc.) 3245' DF	Name of Producing Formation JALMAT GAS	Top Oil/Gas Pay 2882	Tubing Depth 2973					
Perforations 2887', 2895', 2976', 2975'			Depth Casing Shoe 3450'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 7/8"	1107'	CIRCA - 575
7 7/8	5 1/2"	3450'	250
	2 3/8"	2973'	

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)

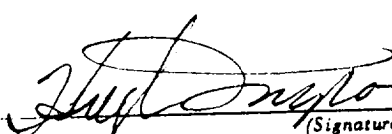
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D 254	Length of Test 1 HR.	Bbls. Condensate/MMCF NONE	Gravity of Condensate NONE
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 380	Casing Pressure (Shut-in) 380	Choke Size 7/16

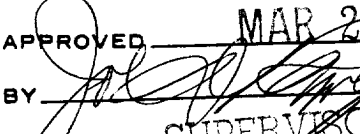
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
3-23-72
(Date)

NOTE - 5

OIL CONSERVATION COMMISSION

APPROVED **MAR 27 1972**, 19_____
BY 
TITLE **SUPERVISOR DISTRICT I**

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.