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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. OPERATOR

Operator CONTINENTAL Oil Company

Address Box 460 Hobbs, N. M. 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JACK A-20 Well No. 10 Pool Name, including Formation JALINAT GATES GAS Kind of Lease State, Federal or Fee Lease No. NM-7486

Location

Unit Letter 0 ; 760 Feet From The SOUTH Line and 1880 Feet From The EAST

Line of Section 20 Township 24-S Range 37-E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS CO. EL PASO, TEXAS

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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.

Date Spudded 7-19-74 Date Compl. Ready to Prod. 8-8-74 Total Depth 3300 P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) 3266 GR Name of Producing Formation GATES Top Oil/Gas Pay 2995 Tubing Depth 3255

Perforations Depth Casing Shoe 2880

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>400</u>	<u>260</u>
	<u>5 1/2</u>	<u>2880</u>	<u>200</u>
	<u>2 1/8</u>	<u>3255</u>	

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.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D ADF 1,512 Length of Test 4 HRS Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, back pr.) HPT BACK Tubing Pressure (Shut-in) 2.410 PSI Casing Pressure (Shut-in) 2.410 PSI 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

B. P. Williams (Signature)
As. Staff Asst (Title)
8-12-74 (Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature] , 19 74

BY [Signature]

TITLE SUPERVISOR

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.

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