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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
CONTINENTAL OIL COMPANY
Address
P.O. Box 460, Hobbs, New Mexico 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)
TO COMPLY WITH RECLASSIFICATION EFFECTIVE 9-1-78, AND TO REPORT THE CONNECTION AND SEPARATE MEASUREMENT OF GAS PRODUCED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JACK B-30	Well No. 2	Pool Name, Including Formation JALMAT YATES GAS	Kind of Lease State, Federal or Fee LC 032326 (b)	Lease No.
Location Unit Letter B ; 330 Feet From The NORTH Line and 1725 Feet From The EAST Line of Section 30 Township 24S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) JAL, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 30	Twp. 24	Rge. 37	Is gas actually connected? YES	When 7-21-78

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 Rest'v.	Diff. Rest'v.
		X				X		X
Date Spudded 3-8-78	Date Compl. Ready to Prod. 6-23-78		Total Depth 3650'		P.B.T.D. 3380' CIBP			
Elevations (DF, RKB, RT, GR, etc.) 3265'	Name of Producing Formation YATES		Top Oil/Gas Pay 2948'		Tubing Depth 2850'			
Perforations 2994 - 3108'					Depth Casing Shoe 3650'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1142'		565			
7 7/8"	5 1/2"		3650'		611			
	2 3/8"		2850'					

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 247	Length of Test 24 Hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) B. P.	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size OPEN

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.

James H. Lee
(Signature)
Administrative Supervisor
(Title)
8-30-78
(Date)

NMOCC (5) - USGS (2) - FILE

OIL CONSERVATION COMMISSION

APPROVED **SEP 5 1978**, 19
BY **Jerry Keenan**
TITLE **Dist. L. Supv.**

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.