

NO. OF COPIES RECEIVED	
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 1-1-65

Operator CONTINENTAL OIL COMPANY		CALCULATED GAS MUST NOT BE BLAZED AFTER 8/1/78 UNLESS AN EXCEPTION TO E-4078 IS OBTAINED.	
Address Box 466, Hobbs NM 88240			
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 JACK B-30	Lease No.	Well No. 2	Pool Name, including Formation Langh. matrix 7 rules Queen	Kind of Lease State, Federal or Fee (C03232616)
Location				
Unit Letter B	330	Feet From The NORTH	Line and 1725	Feet From The EAST
Line of Section 30	Township 24-S	Range 37-E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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"/> None At This Time	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 30
	Twp. 24-S	Rge. 37E
	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-8-78	Date Compl. Ready to Prod. 4-3-78	Total Depth 3650	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3268.2 GR	Name of Producing Formation Scissors River Queen	Top Oil/Gas Pay 3450	Tubing Depth 3489					
Perforations 3457, 62, 74, 76, 82, 91, 95, 3506, 08, 20, 24, 3533	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	505					
7 7/8	5 1/2	3650	611					
	2 3/8	3489						

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 4-6-78	Date of Test 5-16-78	Producing Method (Flow, pump, gas lift, etc.) Test Pump	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 0	Gas-MCF 234

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Baron H. Lee
(Signature)

ADMINISTRATIVE SUPERVISOR
(Title)

5-17-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE **SUPERVISOR DISTRICT**

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.

smoe (5) USGS (4) NMFA (4) File

INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS Box 460, Hobbs, New Mexico 88240
 LEASE NAME Jack B-30 #2 WELL NO. FIELD
 LOCATION Section 30, T-24S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
249	1/4	1.0956	1.0956
497	1/4	1.0912	2.1868
933	1/2	3.7932	5.9800
1390	1	7.9975	13.9775
1635	1	4.2875	18.2650
1866	1 1/4	5.0358	23.3008
2363	1	8.6975	31.9983
2793	2 1/2	18.7480	50.7463
3046	2 3/4	12.1440	62.8903
3255	3	10.9307	73.8210
3650	2	13.7855	87.6065

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Garlin Taylor
 TITLE Garlin Taylor, Admn. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Garlin Taylor
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 23rd day of March, 19 78

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James L. Murphy
 Notary Public in and for the County
 of Lea, State of New Mexico