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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 440, Hobbs, New Mexico 88240		
Reasons for filing (Check proper box)		Other (Please explain)		
New Well	☐	Change in Transporter of:	TRANSPORTER'S NAME CHANGE	
Recompletion	☐	Oil		☐
Change in Ownership	☐	Casinghead Gas		☐
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
AVE APACHE "H"	11	BALLARD PICTURED CLIFFS	State, Federal or Fee	INDIAN
Location				
Unit Letter	D	Feet From The	North	Line and
	217		1187	Feet From The
			WEST	
Line of Section	5	Township	23-N	Range
			5-W	NMPM, RIO ARriba
				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)
GAS COMPANY OF NEW MEXICO				FIRST INTERNATIONAL ELEG, 1201 ELM ST., DALLAS, TEXAS 75270
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?				When
YES				8-15-63

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 Press. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Press. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (shut-in)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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]
Signature
September 7, 1976
Date
Hobbs, New Mexico - File

OIL CONSERVATION COMMISSION

APPROVED
SEP 9 1976
Original Signed by A. R. Kendrick

BY

TITLE

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.