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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
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		Box 411, Hobbs, New Mexico 88240	
Reasons for filling (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐
		TRANSPORTER'S NAME CHANGE	

If change of ownership give name and address of previous owner

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
ACT LEASE "K"		6	BLANCO MESA VERDE	State, Federal or Fee	INDIAN
Location					
Unit Letter	G	1850	Feet From The North	Line and 1850	Feet From The E
Line of Section	8	Township	26-N	Range	5-W, NMPM, P.O. AREA 3A
County					

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 BLDG.			
Unit		Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.					YES	10-22-73

If this production is commingling with that from any other lease or pool, give commingling order number:

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.E.T.D.					
Elevations - D.F., RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Coke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Coke 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)
(Title)
September 7, 1974

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____ Original Signed By A. L. _____
TITLE _____ SUPERVISOR DIST. #3

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.