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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

CONTINENTAL OIL COMPANY

P.O. BOX 460, HOBBS, NEW MEXICO 88240

for filing (Check proper box)

Change in Transporter of:
 Oil
 Casinghead Gas
 Ownership

Dry Gas
 Condensate

Other (Please explain)

**TO SHOW DUAL PIPELINE CONNECTION
EFFECTIVE 10-1-70.**

of ownership give name
of previous owner

IDENTIFICATION OF WELL AND LEASE

Name UNIT BATTERY 2	Well No. 214	Pool Name, Including Formation MALJAMAR REPRESS. (G-SA)	Kind of Lease State, Federal or Fee Federal
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Section **29**, Township **17**, Range **32**, NMPM, **LEA** County
 Letter **M**; **660** Feet From The **SOUTH** Line and **660** Feet From The **West**

IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AS-NEW MEXICO PIPELINE LAJO PIPELINE	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1510, MIDLAND, TEXAS NORTH FREEMAN AVENUE, ARTESIA, NEW MEXICO
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONTINENTAL OIL CO. PLANT NO. 60	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2197, HOUSTON, TEXAS
Well produces oil or liquids, give location of tanks. Unit D Sec. 28 Twp. 17 Rge. 32	Is gas actually connected? YES When NA

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

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Pool	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

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	Length of Test	Bbls. Condensate/MCF	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.


 ADMINISTRATIVE SUPERVISOR
 (Title)

10-8-70

NEOCC (3) USGS (2) PARTNERS (3) FILE

OIL CONSERVATION COMMISSION

APPROVED **OCT 14 1970**, 19

BY **John W. Runyon**

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multiple.