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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

I. OPERATOR AND ADDRESS

Operator: Continental Oil Company

Address: Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain): Converted from gas injection to oil producer.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA Unit Bty 2</u>	Well No., Pool Name, Including Formation <u>44 Mafman Repress (USA)</u>	Kind of Lease <u>Federal</u>	Lease No. <u>LC 029509 a</u>
Location Unit Letter <u>F</u> ; <u>2615</u> Feet From The <u>North</u> Line and <u>2615</u> Feet From The <u>West</u>			
Line of Section <u>21</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 460, Hobbs, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>28</u> Twp. <u>17S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When <u>NA</u>

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>2-15-68</u>		Total Depth <u>4109</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>4054 DF</u>	Name of Producing Formation <u>A-SA</u>		Top Oil/Gas Pay <u>3775</u>		Tubing Depth <u>4087</u>			
Perforations <u>Open Hole 3814-4109</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>8 5/8"</u>	<u>880</u>	<u>65</u>
	<u>7"</u>	<u>3814</u>	<u>200</u>
	<u>2 3/8"</u>	<u>4087</u>	

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 <u>2-16-68</u>	Date of Test <u>3-28-68</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hour</u>	Tubing Pressure <u>48</u>	Casing Pressure <u>0</u>	Choke Size <u>None</u>
Actual Prod. During Test	Oil-Bbls. <u>9</u>	Water-Bbls. <u>1</u>	Gas-MCF <u>TSTM</u>

GAS WELL

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

NMCC-5 Partners-15 file

Joe Z. Bate
(Signature)
Adm. Sec. Chief
(Title)
4-19-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Joe Z. Bate

TITLE DISTRICT 1

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.