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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-11
Effective 1-1-65

I. OPERATOR
Operator
Continental Oil Company
Address
Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) *Recompleted from gas inj.*
New Well ☐ to producing ☒ Changes in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Commission order NO. P-2403 authorized us to convert this well to producing.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name *MCA UNIT* Well No. *99* Pool Name, including Formation *Maljamar G/SA Payson* Kind of Lease *Federal* Lease No. *LC 029405 A*
Location
Unit Letter *P* : *25* Feet From The *SOUTH* Line and *25* Feet From The *EAST*
Line of Section *19* Township *17-S* Range *32-E* , NMPM, *Lea* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Continental Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
N. Freeman Ave. Artesia, N.M.
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Maljamar Gasline Plant #61 Address (Give address to which approved copy of this form is to be sent)
Box 1206 Maljamar, N.M.
If well produces oil or liquids, give location of tanks. Unit *A* Sec. *30* Twp. *17* Rge. *32* Is gas actually connected? *yes* When *11-25-69*

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deeper Plug Back Same Restv. Diff. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
11-25-69 *3986*
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
3936' DF *Maljamar G/SA Payson* *3953*
Perforations Depth Casing Shoe
Open hole from 3600' to 3986 *3600*
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
NA *8 5/8"* *735* *65*
NA *7"* *3600* *160*
2 3/8 *3953*

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 *11-25-69* Date of Test *12-12-69* Producing Method (Flow, pump, gas lift, etc.) *Pumping*
Length of Test *24 hours* Tubing Pressure Casing Pressure Choke Size
— *—*
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
104 *6* *117*

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

I. 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.
Robert Gault III
(Signature)
Adm. Section Chief
(Title)
12-15-69
(Date)
NMOCC-5 *216*

OIL CONSERVATION COMMISSION
APPROVED *DEC 17 1969*, 19
BY *John W. Runyon*
TITLE *Geologist*
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.