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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-110  
Effective 1-1-65

I. Operator  
**CONTINENTAL OIL COMPANY**  
Address  
**BOX 960 HOBBS, NEW MEXICO**  
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)  
**CHANGE IN LEASE NAME**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>MCA UNIT BATTERY 4</b>	Well No. <b>311</b>	Pool Name, Including Formation <b>MALJ G-SA REPRESS</b>	Kind of Lease State, Federal or Fee <b>LC-061891</b>	Lease No.
Location Unit Letter <b>BC</b> ; <b>1295</b> Feet From The <b>NORTH</b> Line and <b>2615</b> Feet From The <b>WEST</b> Line of Section <b>26</b> Township <b>17S</b> Range <b>32E</b> , NMPM, <b>LEA</b> 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"/> <b>NAVAJO PIPELINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>NO. FREEMAN AVE ARTESIA, N.M.</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>CONTINENTAL GASOLINE PLANT FGO</b>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 2197 HOUSTON, TEXAS</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>26</b>	Twp. <b>17S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>YES</b>	When <b>N/A</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>5-9-72</b>	Date Compl. Ready to Prod. <b>6-7-72</b>		Total Depth <b>4325'</b>		P.B.T.D. <b>4310'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3982 GL</b>	Name of Producing Formation <b>GRAYBURG SAN ANDRES</b>		Top Oil/Gas Pay <b>3977'</b>		Tubing Depth <b>4186'</b>			
Perforations <b>4190, 82, 70, 64, 34, 27, 21, 4065, 60, 41, 32, 33, 19, 3970</b>		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <b>4325'</b>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4</b>	<b>8 5/8</b>		<b>1000'</b>		<b>CIRC-500 SKS</b>			
<b>7 7/8</b>	<b>5 1/2</b>		<b>432.5'</b>		<b>300 SKS</b>			
	<b>2 7/8</b>		<b>4186'</b>					

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 <b>6-7-72</b>	Date of Test <b>6-20-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 HRS</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <b>23</b>	Water-Bbls. <b>9</b>	Gas-MCF <b>32</b>

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)	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.

**Robert Gault**  
(Signature)  
**ADMINISTRATIVE SUPERVISOR**  
(Title)

**JUNE 22, 1972**  
(Date)

NMOCC(S) MCA(3)

OIL CONSERVATION COMMISSION

**JUN 28 1972**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Joe D. Ramey**  
TITLE **SUPERVISOR DISTRICT I**

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.

CONTINENTAL OIL COMPANY

P. O. Box 460  
Hobbs, New Mexico

New Mexico Oil Conservation Commission  
P. O. Box 1980  
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's MCA UNIT BATTERY 4 No. 311, located Unit Unit R Section 26-17S-32E, LEA County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>182</u>	<u>1/4°</u>	<u>2759</u>	<u>1 1/2°</u>	<u>      </u>	<u>      </u>
<u>427</u>	<u>1/4°</u>	<u>3018</u>	<u>1°</u>	<u>      </u>	<u>      </u>
<u>680</u>	<u>1/2°</u>	<u>3350</u>	<u>1 1/2°</u>	<u>      </u>	<u>      </u>
<u>924</u>	<u>1/2°</u>	<u>3589</u>	<u>1 1/2°</u>	<u>      </u>	<u>      </u>
<u>1000</u>	<u>1/2°</u>	<u>3992</u>	<u>1 1/4°</u>	<u>      </u>	<u>      </u>
<u>1252</u>	<u>1/2°</u>	<u>4325</u>	<u>1°</u>	<u>      </u>	<u>      </u>
<u>1503</u>	<u>1/2°</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>1754</u>	<u>3/4°</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>2004</u>	<u>1°</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>2250</u>	<u>1°</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>2537</u>	<u>1 3/4°</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Yours very truly,

*Robert Paulson*

Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 22nd day of June, 1972

2-20-73  
My Commission Expire

*W. M. Hoover*  
Notary Public