

DEPARTMENT OF REVENUE
 OIL AND GAS
 DIVISION OF OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes OIL C-104 and C-111
 Effective 1-1-65

DEPARTMENT OF REVENUE
 OIL AND GAS
 DIVISION OF OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
 Continental Oil Co
 Address: P O Box 4600 Hobbs, NM 88240
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: NCA Unit 3312 Maljama G-5A
 Lease No.: 2000341
 Location: Unit Letter H 2565 Feet From The North Line and 125 Feet From The East
 Line of Section 22 Township 17 S Range 32 E, N.M.P., Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Applicant/Transporter: Continental Oil Co
 Address: P O Box 4600 Hobbs, NM 88240
 Name of Applicant/Transporter: Continental Oil Co
 Address: P O Box 1206, Maljama NM 88266
 If well produces oil or liquids, give location of tanks: Unit C Sec. 27 Twp. 17 Rge. 32 In gas actually connected? yes When NA

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well, Diff. Revent.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.	
Elevations (DF, 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		

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/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.

Bruce Lee
 Administrative Supervisor
 November 4, 1977

OIL CONSERVATION COMMISSION

APPROVED: *Jerry Sexton* Orig. Signed by
 BY: *Jerry Sexton* Dist. I, Supv.
 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 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 multiple completed wells.

2000(2) 1000(2) 1000(2) 1000(2)