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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-110

Effective 1-1-65

I.

Continental Oil Company	
Box 460 Hobbs, N. Mex.	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Removal of Well <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
MCA Unit Bt, 3	LC-057210	268	Maj. G-SA Rep.
State, Federal or Fee	Fed.		
Section	Range	Township	County
28	17-5	32E	Lea
Feet from The	Line and	Feet From The	
South	1345	West	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Tyson N. Mex. Pipeline Co.	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Maljamon Gasoline Plant	Box 1206, Maljamon, N. Mex.
Is gas actually connected? When	
Yes	

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)	On Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
4-27-71	4-27-71	4155	4121					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3942' GR	Drainage - In Order	3805	4099					
Perforations	Depth Casing Shoe							
3805, 11, 26, 39, 55, 75, 3904, 12, 22, 28, 64, 76, 86, 4005, 11, 51, 58, 72, 81, 97, 4102 & 4110 w/ 125 PF	4155							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8 7/8"	910	475					
7 7/8"	5 1/2"	4155	1500					
	2 7/8"	4099						

## 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.)	
4-30-71	5-4-71	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs.	85	85	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	78	32	57

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*[Signature]*  
(Signature)

Adm. Supervisor  
(Title)

5-7-71  
(Date)

nmocc 5 file  
USGS - 2 MCA 3

## OIL CONSERVATION COMMISSION

APPROVED MAY 10 1971, 19

BY *[Signature]*

TITLE SUPERVISOR DISTRICT

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.

**REMOVED**

**MAY 11 1971**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**