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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
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

Operator: Continental Oil Company

Address: P.O. 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): Change of name.

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. <u>269</u>	Pool Name, including Formation <u>Mulj, G-SA Ripu</u>	Kind of Lease State, Federal or Fee <u>LC - 0294056</u>	Lease No.
Location Unit Letter <u>P</u> : <u>125</u> Feet From The <u>South</u> Line and <u>1295</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>17-S</u> Range <u>32-E</u> , NMPM, <u>Dea</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</u> <u>Marathon Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Midway, Texas</u> <u>71. Freeman Ave., Odessa, T.M.</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Muljones Gasoline Plant #60</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197, Houston, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>	Twp. <u>17</u>	Rge. <u>32</u>
	Is gas actually connected?		When <u>yes</u> <u>no</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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>3-4-71</u>	Date Compl. Ready to Prod. <u>3-24-71</u>	Total Depth <u>4130'</u>			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3987 GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3752</u>			Tubing Depth <u>3714'</u>			
Perforations <u>3356, 3557, 3865, 3868, 3872, 3875, 4002, 4012, 4016, 4021, 4025, 4030, 4119 SP, 3752, 3755, 3758, 3762, 3765, 3768, 3771, 3774, 3778, 3782, 4119 SP</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2"</u>	<u>8 3/8"</u>		<u>770'</u>		<u>W/400 sp. cement</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>4130'</u>		<u>W/300 sp. cement</u>			
	<u>2 3/4"</u>		<u>3714'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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>3-25-71</u>	Date of Test <u>4-21-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>22 hrs</u>	Tubing Pressure	Casing Pressure <u>100#</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>233</u>	Water - Bbls. <u>222</u>	Gas - MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

herby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given over is true and complete to the best of my knowledge and belief.

[Signature]
 (Signature)
Immediate Supervisor
 (Title)
April 22, 1971
 (Date)
6211046 (File No.)

OIL CONSERVATION COMMISSION

APPROVED APR 30 1971, 19____

BY [Signature]
 SUPERVISOR DISTRICT I

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 Form C-104 must be filed for each pool in multi-

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APR 20 1971

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