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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

Operator
Continental Oil Company

Address
P. O. Box 1621, Durango, Colorado

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Pool Redesignation

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Rattlesnake

Well No.
144

Pool Name, Including Formation

Rattlesnake Penn. "BCD"

Kind of Lease

State, Federal or Fee **Federal**

Location

Unit Letter **N** ; **660** Feet From The **South** Line and **1980** Feet From The **West**

Line of Section **2** , Township **29N**

Range **19W**

, NMPM,

San Juan

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Four Corners Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1588, Farmington, New Mexico

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1621, Durango, Colorado

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Continental Oil Company

Is gas actually connected?

When

Yes

12-3-62

If well produces oil or liquids,
give location of tanks.

Unit **P** Sec. **2** Twp. **29N** Rge. **19W**

give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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 of well 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 (pitot, 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.

Original Signed By:
H. D. HALEY

(Signature)

District Manager

(Title)

5-12-66

(Date)

OIL CONSERVATION COMMISSION

MAY 13 1966

APPROVED

BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #3

TITLE

This form is to be filed in compliance with RULE 1104

If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes in well name or number, or transporter, or other such change of well.

Separate Forms C-104 must be filed for each pool in recompleted wells.



