OPIES RECEIVED		
TRIBUTION		
E		
OFFICE		
PORTER	OIL	
	GAS	
ATOR		
ATION OFFICE		

EW MEXICO OIL CONSERVATION COMMISS
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 11 9 57 AM '69

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

tinental Oil Company

460, Hobbs, New Mexico 88240

(s) for filing *(Check proper box)*

- ew Well
- mpletion
- ge in Ownership

Change in Transporter of:
Oil [X] Dry Gas
Casinghead Gas Condensate

Other *(Please explain)*

nge of ownership give name
ddress of previous owner

CRIPTION OF WELL AND LEASE

e Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
CA Unit Battery 2		214	Maljamar Grayburg San Andres	State, Federal or Fee Federal

ation
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West

Line of Section 29 Township 17 South Range 32 East , NMPM, Lea County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

me of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Refining Company
Address *(Give address to which approved copy of this form is to be sent)*
North Freeman Avenue, Artesia, New Mexico

me of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Continental Oil Company
Address *(Give address to which approved copy of this form is to be sent)*
Maljamar, New Mexico

well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	28	17	32	Yes	N/A

this production is commingled with that from any other lease or pool, give commingling order number:

OMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

. 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)*

OIL WELL

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.

W. E. Spradley
(Signature)
Administrative Section Chief
(Title)
June 3, 1969
(Date)

NMOCC(5) File

OIL CONSERVATION COMMISSION

APPROVED JUN 13 1969, 19
BY John W. Runyan
Geologist
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 multiply completed wells.