

SANTA FE		
FILE		
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.

Operator Macdonald Oil Corporation	
Address P. O. Box 1812 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE STARTED AFTER 8/4/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental Federal	Well No. 1	Pool Name, including Formation Salado Draw (Delaware SD)	Kind of Lease Federal	Lease No. NM02965A
Location				
Unit Letter F ; 1980 Feet From The North Line and 1650 Feet From The West				
Line of Section 15 Township 26S Range 33E , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 1183 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	15	26S	33E	No	No line available

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-6-72	Date Compl. Ready to Prod. 6-3-72	Total Depth 5100'	P.B.T.D. 5066'					
Elevations (DF, RKB, RT, GR, etc.) 3298.1 Gr. 3308' KB	Name of Producing Formation Delaware Sand	Top Oil/Gas Pay 4999'	Tubing Depth 4964'					
Perforations 5003 - 5013' (Twenty 1/2" holes)			Depth Casing Shoe 5100'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 20# H-40		375		300 ex Class C			
7-7/8"	4 1/2" 9.5# J-55		5100		200 ex Class C			

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 6-4-72	Date of Test 6-6-72	Producing Method (Flow, pump, gas lift, etc.) Pump 1 1/2 x 2 x 16' Volume Producer	
Length of Test 24 hrs	Tubing Pressure 15	Casing Pressure 15	Choke Size 2"
Actual Prod. During Test 108	Oil - Bbls. 108	Water - Bbls. 41	Gas - MCF 84.7

GAS WELL

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

I. 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)
Manager of Production
(Title)
June 8, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 16 1972**, 19_____
BY **Orl. Signed By**
John Runyan
TITLE **Geologist**

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.

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

RECEIVED

JUN 6 1972
OIL CONSERVATION COMM.
HOUSTON, TEXAS