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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
RECEIVED
APR 17 1969
O. C. C.
ARTERIA, OFFICE

Operator Continental Oil Company
Address Box 460, Hobbs, New Mexico
Reason(s) for filing (Check proper box) Effective 4-1-69
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Highlands Corporation, Arteria, N.M.
3926 Wilshire Blvd.
Los Angeles, Calif.

DESCRIPTION OF WELL AND LEASE
Lease Name LEVERS Well No. 2 Pool Name, Including Formation CAVE - GRAYBURG Kind of Lease FEDERAL Lease No. 037777-A
Location
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST
Line of Section 33 Township 16 Range 29 , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
TEXAS NEW MEXICO PIPELINE CO. Address (Give address to which approved copy of this form is to be sent) BOX 1510, MIDLAND TEXAS
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
SKELLY OIL COMPANY Address (Give address to which approved copy of this form is to be sent) BOX 1650, TULSA, OKLAHOMA
If well produces oil or liquids, give location of tanks. Unit L Sec. 33 Twp. 16 Rge. 29 Is gas actually connected? YES When N/A

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

COMPLETION 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 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.) _____
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 (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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.
M. E. Yeckley
Administrative Section Chief
April 16, 1969
NMOCC-5, FILE

OIL CONSERVATION COMMISSION
APR 17 1969
APPROVED _____, 19____
BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR
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.