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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65
O. L. L.
STERIA, OIL FIELD

Operator Continental Oil Company	
Address Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Cave Pool Unit	Lease No. 10	Well No. 10	Pool Name, including Formation Cave Grayburg	Kind of Lease State, Federal or Fee State
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>17 South</u> Range <u>29 East</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐				
Navajo Refining Company, <u>Pipe Line Div.</u>				
Address (Give address to which approved copy of this form is to be sent) <u>North Freeman Avenue, Artesia, New Mexico</u>				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐				
Phillips Petroleum Corporation				
Address (Give address to which approved copy of this form is to be sent) <u>Phillips Building, Odessa, Texas</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>5</u>	Twp. <u>17</u>	Rge. <u>29</u>
Is gas actually connected?		When <u>N/A</u>		

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
☐ Some Res't.	☐ Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DF, RKB, RI, CR, 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 lead 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
Casing Pressure	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.	
<u>M. E. Galloway</u> (Signature) Administrative Section Chief (Title) June 3, 1969 (Date) NMCC(5) File	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY _____	
TITLE _____	
This form is to be filed in compliance with RULE 1101.	
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 transportation or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	