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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: <u>CONTINENTAL OIL COMPANY</u>			
Address: <u>Box 400, Hobbs, New Mexico 88240</u>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: ☐	<u>TRANSPORTER'S NAME CHANGE</u>	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

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

I. DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name: <u>AKA HORNE "N"</u>	Well No.: <u>5</u>	Pool Name, including Formation: <u>BLANCO P.C., SO.</u>	Kind of Lease: <u>INDIAN</u>
Location: <u>M 990</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u>		State, Federal or Fee	
Line of Section: <u>21</u>	Township: <u>25-N</u>	Range: <u>4-W</u>	County: <u>RED ARCHA</u>

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
<u>GAS COMPANY OF NEW MEXICO</u>	<u>PEMEX INTERNATIONAL, INC.</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? <u>YES</u>
			When: <u>11-2-65</u>

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

V. COMPLETION DATA									
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.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						

VI. 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 pt.)	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.	
<u>[Signature]</u> (Signature)	
<u>[Signature]</u> (Title)	
<u>September 7, 1976</u>	
<u>Box 400 Hobbs NM 88240</u>	

OIL CONSERVATION COMMISSION	
APPROVED <u>SEP 15 1976</u>	
BY <u>Original: [Signature]</u>	
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 multiple completed wells.	