

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

Form C-104
 Supersedes C-104 and C-104-1
 Effective 1-1-75

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

1. Operator
Continental Oil Company
 Address
New Mexico, Hobbs, New Mexico 88340
 Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Condensed Gas Condensate
 Other (Please explain)
To show dual pipeline connection to HARTLEY OFFSHORE C-104

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>MCA UNIT #2</i>	Well No. Pool Name, Including Formation <i>110 Antelope Lease</i>	Kind of Lease State, Federal or Fee <i>Federal</i>	Lease No.
Location Unit Letter <i>C</i> ; <i>660</i> Feet From The <i>NORTH</i> Line and <i>1980</i> Feet From The <i>WEST</i>			
Line of Section <i>29</i>	Township <i>17</i>	Range <i>32</i>	County <i>LEA</i>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>WASCO PIPE LINE CO</i>	Address (Give address to which approved copy of this form is to be sent) <i>North Pecos River, 1340500</i>
Name of Authorized Transporter of Condensed Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Continental Oil Company Plant #60</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1510, Ardmore, Texas</i>
If well produces oil or liquids, give location of tanks. Unit <i>D</i> Sec. <i>28</i> Twp. <i>17</i> Rge. <i>32</i>	Is gas actually connected? When <i>YES NA</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Ho. G.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, 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		

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	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

[Signature]
 Administrative Section Chief
 5-12-70
 Date

OIL CONSERVATION COMMISSION

APPROVED *MAY 15 1970* 19
 BY *John W. Ramsey*
 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.

Mimeo(s) USGS (2) file
 MCA PARTNERS