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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-104 and C-110
 Effective 1-1-65

I. OPERATOR
 Continental Oil Co.
 Address: P.O. Box 460 Hobbs N. Mex.
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Oil Dry Gas
 Re-completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Mattis</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Fowler upper Yesso</i>	Kind of Lease <i>LC-032339Cb</i>
Location: Unit Letter <i>0</i> ; <i>1830</i> Feet From The <i>East</i> Line and <i>660</i> Feet From The <i>South</i>	Line of Section <i>10</i> , Township <i>24-5</i> Range <i>37-E</i> , NMPM, <i>Lea</i> 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"/> <i>Permian Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1183, Houston, Texas</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>El Paso Natural Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Jal, N. Mex.</i>
If well produces oil or liquids, give location of tanks. Unit <i>0</i> Sec. <i>10</i> Twp. <i>24</i> Rge. <i>37</i>	Is gas actually connected? <i>Yes</i> When <i>4-1-73</i>

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)	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.					
Feet	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
TUBING, CASING, AND CEMENTING RECORD						Depth Casing (ft.)		
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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VII. 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 Speckley
 Adm. Supervisor
 4-3-73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED *APP*, 19____

BY _____

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 Sections I, II, III, and VI only 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.

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