PIES RECEIVED RIBUTION

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	1	AND	Effective 1-1-65
.s.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL	GAS 1 167
OFFICE			04
ANSPORTER	_		
GAS	_		
PODATION OFFICE	-		
Perator			
Continental Oil	Company		
Address			
	lobbs, New Mexico 882		
Reason(s) for filing (Check proper box		Other (Please explain) Change in o	il transporter from
New Well	Change in Transporter of: Oil X Dry Gas	Donaton Com	p. to Texas N.M.
Change in Ownership	Casinghead Gas Condens		mpany effective 3-22
If change of ownership give name and address of previous owner			
and address of provides the same			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.
Lease Name Taylor	3 Maljamar G.		alor Fee Pat.
Location	J		
Unit Letter North	660 Feet From The South ine	e and 1980 Feet From	The West
			•
Line of Section 14 To	ownship 175 Range	32 E , NMPM,	Lea County
	AMERICAN AND NATURAL CA	6	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)
Texas New Mexico	Pipe Line Company	Box 1510, Midlan Address (Give address to which appr	d, Texas
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas		
Continental Oil	Co. Maljamar Plant	Box 460, Hobbs,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	15 gas actually comments	hen 5 -21-62
give location of tanks.	M 14 17 32	Yes	9-21-02
	rith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Res
Designate Type of Completi	ion = (X)		1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		The cold (Core Press)	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Perforations			Depth Casing Shoe
Periorations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
DECLIPED AND DECLIPED	EOD ALLOWARIE (Test must be a	ofter recovery of total volume of load o	il and must be equal to or exceed top all
TEST DATA AND REQUEST 1	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
		December 1	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	0.020 5.25
The state of the s	Oil-Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	OII-Bbie.		
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Since-in)	Chora dire
		OU CONSERV	VATION COMMISSION
. CERTIFICATE OF COMPLIA	NCE		
	total and the Oil Occasion	APPROVED	<u> </u>
a trata basa sampling	d regulations of the Oil Conservation d with and that the information given		
above is true and complete to	the best of my knowledge and belief.	The state of the s	
nmocc-5 slo	FILE	TITLE	
	7/1	This form is to be filed :	n compliance with RULE 1104.
her	/ Loute		semable for a newly drilled or deeps
(Si	ignature	well, this form must be accome tests taken on the well in accome.	
Staff Su	pervisor	All sections of this form	must be filled out completely for all
	(Title)	able on new and recompleted	wells.

(Date)

March 21, 1967

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.