

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes OIL C-101 and C-110

Effective 1-1-65

Operator

Continental Oil Company

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

To change from dual pipeline connection to single effective 6-1-70

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

MCA UNIT BATTERY 2

Lease No.

9

Well No.

Malj. G-SA Repress.

Kind of Lease

State, Federal or Free

Federal

Location

Unit Letter

M

Feet From The

660

Line and

SOUTH

Feet From The

660

West

Line of Section

15

Township

17

Range

32

N.M.P.M.

20N

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Condensate

Texas-New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas

X

or Dry Gas

Continental Oil Co. Maljamar Plant No. 60

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 2197, Houston, Texas

If well produces oil or liquids, give location of tanks.

Unit

D

Sec.

28

Twp.

17

Rge.

32

Is gas actually connected?

Yes

When

NA

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

Same Restv.

Diff. Restv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.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

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/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

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.

Stan F. Smith

Administrative Section Chief

6-12-70

Oil Conservation Commission

JUN 17 1970

APPROVED

BY

Oil & Gas Inspector

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 multiply completed wells.

NMOCC (5) MCA PARTNERS FILE

RECEIVED

JUN 16 1970

OIL CONSERVATION COM.
HOBBS, N. M.