

DEPARTMENT OF
SAND OIL
FILE
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 1104
Supersedes Oil and Gas
Effective 1-1-65

1. Continental Oil Company
Address Box 140, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Condensate ☐ Recompletion ☐ Change in Ownership ☐ Casinghead Gas ☐ Other (please explain) To show equal pipeline connection to battery
2800 Ave. S.E. Hobbs

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA UNIT #2 Well No. 9 Pool Name, including Formation Indianna Green Kind of Lease Federal Lease No. _____
Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The West
Line of Section 15 Township 17 Range 32 , N.M.P.M. LEA County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
MOOSE PIPE LINE CO. Address (Give address to which approved copy of this form is to be sent)
MOOSE PIPE LINE CO., HOBBS
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Continental Oil Company Plant #60 Address (Give address to which approved copy of this form is to be sent)
Box 2127, 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 numbers: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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/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.

John W. Runyan
(Signature)
Administrative Section Chief
(Title)
5.12.70
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 15 1970, 19____
BY John W. Runyan
Geologist
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.

notice(s) USGS (2) file
MCA PARTNERS