

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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. CREATOR	
Continental Oil Company	
Box 1160, Hilder, New Mexico 88040	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	To show dual pipeline
Recompletion ☐	Connection to battery
Change in Ownership ☐	effective 5-1-70
Change in Transporter of: Oil ☐ Dry Gas ☐	
Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No. Pool Name, including Formation
MCA UNIT 222	11 Polkman Lease
Location	Kind of Lease
Unit Letter 0 ; 660 Feet From The SOUTH Line and 1980 Feet From The EAST	State, Federal or Fee STATE
Line of Section 16 Township 17 Range 32, NMPM, LCA	Lease No.
	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
NEADS PIPE LINE CO.	ARVIN PRODUCTION AGENCY
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company Plant 260	Box 1510, Oklahoma, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually collected? When
Unit 1 Sec. 28 Twp. 17 Rge. 32	YES 4CS NO 14

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 Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Bbls. Condensate/MCF
	Gravity of Condensate
	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.	
APPROVED MAY 15 1970, 19	
BY John W. Runyon	
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.	

Approved (S) USGS (S) File
MCA PARTNERS

