NO. OF COPIES RECEIVED

III.

IV.

SANTA FE		CONSERVATION COMMISS, FOR ALLOWABLE	Form C+104 Supersedes Old C+104 and C+11
U.S.G.S.	NABBS OFFICE O.C.C. Biffective 1-1-05 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TR	Jun 11 9 50 AM '69	6A 3
TRANSPORTER GAS			
OPERATOR	-	•	
1. PRORATION OFFICE Operator			
Continental Oil Compa	any		
Box 460, Hobbs, New 1			
Reason(s) for filing (Check proper bo		Other (Please explain)	•
Recompletion	Change in Transporter of: Oil X Dry G	as [
Change in Ownership	Casinghead Gas Conde	ensate [·
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE	,	
Lease Name MCA Unit Battery 2	1	ame, Including Formation amar Grayburg San Andres	Kind of Lease State, Federal or Fee State
Location		and ordyberg ben midreb	July State
Unit Letter M;	660 Feet From The South Li	ne and 660 Feet From	The West
Line of Section 16 To	ownship 17 South Range	32 East , NMPM,	Lea County
H. <u>DESIGNATION OF TRANSPOR</u>	PED OF OY AND MATHEAL C	* C	
Name of Authorized Transporter of Of		Address (Give address to which appro	eved copy of this form is to be sent)
Navajo Refining Compa Name of Authorized Transporter of Co	Any asinghead Gas X or Dry Gas	North Freeman Avenue, Address (Give address to which appro	Artesia, New Mexico
Continental Oil Compa		Maljamar, New Mexico	ved copy by this joint is to be semy
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 28 17 32	Is gas actually connected? Wh	er.
		······	N/A
V. COMPLETION DATA	ith that from any other lease or pool		
Designate Type of Completi	on - (X) OH Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tuble - Death
Dietotions (Dr., RRB, RI, GR, etc.,)	Name of Ploadering Formation	Top Oil/Gas Pay	Tubing Depth
Perforations -			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V Trew Dark Asin Prosince t	TOP: AT FOUNDY F		
V. TEST DATA AND REQUEST F OIL WELL	able for this d	epth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas la	(ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas • MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitat, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
reading memory pages pro-	i doming i reddiad	Oddiny Preside	Cheke 3120
VI. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	TION COMMISSION
	regulations of the Oil Conservation with and that the information given		, 19
	e best of my knowledge and belief.		Rungan
		TITLE Geolog	
Se 6 /10	- PP.	11	compliance with RULE 1104.
Administrative Sect	(120 (Selfal)	Well, this form must be accompa	wable for a newly drilled or deepened injed by a tabulation of the deviation
		tests taken on the well in acco	rdence with RULE 111. int be filled out completely for allow-
June 3, 1969	itle)	able on new and recompleted w	ella.
(Date)		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.	
HMOCC(5) File		Separate Forms C-104 mus completed wells.	it be filed for each pool in multiply