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	GAS	
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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. Operator Continental Oil Company
Address Box 460, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA Unit</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Mul. G. SA Rpts.</u>	Kind of Lease <u>Lease</u>	Lease No. <u>LC-060329</u>
Location Unit Letter <u>P</u> ; <u>40</u> Feet From The <u>S</u> Line and <u>40</u> Feet From The <u>E</u> Line of Section <u>17</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navy Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. Freeman Ave. Artesia, N. M.</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Muljamar Gasoline Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1206, Muljamar, New Mexico</u>			
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>30</u> Twp. <u>17</u> Rce. <u>32</u>	Is gas actually connected? <u>yes</u> When <u>NA</u>			

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>Started</u> <u>11-11-70</u>	Date Compl. Ready to Prod. <u>12-1-70</u>		Total Depth <u>4147'</u>		P.B.T.D. <u>4015'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4042'</u>	Name of Producing Formation <u>Brushy SA Rpts.</u>		Top Oil/Gas Pay <u>3920'</u>		Tubing Depth <u>3952'</u>			
Perforations <u>OH 3920'-4147'</u>					Depth Casing Shoe <u>3920'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u> <u>8 3/4"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>7"</u> <u>2 3/4"</u>		DEPTH SET <u>953'</u> <u>3920'</u> <u>3952'</u>		SACKS CEMENT <u>W/50 SS</u> <u>W/125 OH</u>			

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 <u>11-18-70</u>	Date of Test <u>12-1-70</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>1</u>	Water - Bbls. <u>40</u>	Gas - MCF <u>none</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

M. E. Walker
(Signature)
Administrative Support
(Title)
12-2-70
(Date)
MCA Refinery

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1970, 19_____
BY John W. Remyan
TITLE Chief

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