ſ	NO. OF COPIES RECEIVED							
ł	DISTRIBUTION EW MEXICO OIL CONSERVA						Form C-104 Supersedes Old C-104 and C-110	
Ī	SANTA FE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					Effective 1-1-65	
$\left\{ \right\}$	FILE U.S.G.S.							
	LAND OFFICE							
	TRANSPORTER GAS GAS							
	OPERATOR							
. I.	PRORATION OFFICE	······						
	CONTINENTAL OIL COMPANY							
	Address P. O. BOX 460, HOBBS, NEW MEXICO 88240							
	P. O. BOX 460, HOBBS, NEW MEXICO 88240 Reason(s) for filing (Check proper box)				Other (Please explain)			
	New Well Change in Transporter of: Recompletion Oil Dry Gas				TO SHOW DUAL EFFECTIVE 10-		CONNECTION	
	Recompletion Oil Diff Gds Effect Change in Ownership Casinghead Gas Condensate Image: Condensate							
1	If change of ownership give name							
	and address of previous owner							
П.	DESCRIPTION OF WELL AND L Lease Name	Well N	Io. Pool Nam				of Lease e, Federal or Fee Federal	
	MCA UNIT BATTERY 2	9	3 MALJAM	AR REP	RESS. (G-SA)	State	e, reaerat or ree Federal	
	Location M	DFeet From The <u></u>	TH Time	and	660 Fee	t From The	Jest	
	Unit Letter / · · · · · · · · · · · · · · · · · ·	Preet From The		-		LEA	County	
	Line of Section 2/, Tow	nship	Range	32	, NMPM,		County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NAT	URAL GAS	5	é Cius address to whit	h approved co	py of this form is to be sent)	
	P. O. BOX 1510. MIDLAND. TEXAS						XHO I	
				NORTH FREEMAN AVE: UE ARTESIA NEW MEXICO Address (Give address to which approved copy of this form is to be sent)				
	CONTINENTAL OIL CO. PLAN		Rge.		BOX 2197, HO tually connected?	USTON TEX	AS	
	If well produces oil or liquids,	Unit Sec. Twp. D 28 17	1	YES	•	NA		
	If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA						g Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	Date Compl. Ready to Pro-	d.	Total De;		 Р.В	.,T.D.	
	Date Spudded						bing Depth	
	Pcol Name of Producing Formation			Top Oil/Gas Pay				
	Perforations					Dep	oth Casing Shoe	
•	·	TUBING C	ASING, AND	CEMEN	TING RECORD			
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT	
				<u> </u>			-	
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 al able for this depth or be for full 24 hours)							
	Date First New Cil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc				
	Length of Test	Tubing Pressure		Casing F	Pressure	Ch	oke Size	
				Water-Bbls.		Ga	s-MCF	
•	Actual Prod. During Test	d. During Test Oil-Bbls.						
					-		· · ·	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gr	avity of Condensate	
				Casina	Pressure		oke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure ,		Cusing	100500			
V	CERTIFICATE OF COMPLIANCE				OIL CON	ISERVATIO		
	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.			APPF	ROVE		, 19	
					John	n. K	unyan	
					Controls		` <i>U</i>	
	/ /)					pliance with RULE 1104.	
	2/40 maron			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 allow-				
	ADMINISTRATIVE SUPERVISOR							
		"itle)		l abte	on new and recom	pleted wells.		
	10-8-70				Fill out Sections	I II. III. and	d VI only for changes of owner a other such change of condition	

10 NMOCC (3) USGS $(2)^{\mu\nu}$ PARTNERS (3) FILE

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Fill out Sections I, II, III, and VI only 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

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OCT - O 1970 OIL CONSERVATION COMM. HOLES, R. LL