

NEW MEXICO OIL CONSERVATION COMMISSION	
REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	

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Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

MAY 21 12 01 AM '69

Operator	
Continental Oil Company	
Address	
Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	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	Kind of Lease	Lease No.
MCA Unit Battery 2	93	Maljamar Grayburg San Andres	State, Federal or Fee Federal	
Location				
Unit Letter	M	660 Feet From The	S	Line and 660 Feet From The
Line of Section	21	Township	17 South	Range 32 East, NMFM, Lea 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)			
Continental Pipeline Company	Artesia, New Mexico			
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	Maljamar, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	D	28	17	32
Is gas actually connected?	Yes	When		
		N/A		

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.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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)

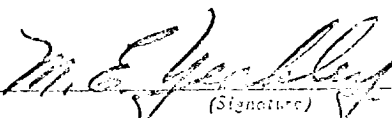
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


Administrative Section Chief
(Title)

May 12, 1969
(Date)

NEOCC(5) File

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	John W. Runyan
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.