	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE TRANSPORTER OPERATOR	REQUEST	FOR ALLOWABLE AND ANTURAL G	Fora, C+104 Supersedes Old C+104 and C+110 Effective 1+1+65 AS
1.	PRORATION OFFICE			
	Continental Oil Compa	bany		
•	P. O. Box 460, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Other (Please explain) Recompletion Oth Dry Gas To change from dual pipeline connection Change in Ownership Casinghead Gas Condensate To single effective 6-1-70			
	If change of ownership give name and address of previous owner		<u>_</u>	<u></u>
13	DESCRIPTION OF WELL AND I	I FACE		
	Lease Name MCA UNIT BATTERY 2	Lease No. Well No. Pool Na	me, Including Formation G-SA Repress.	Kind of Lease State, Federal or Fee FederAl
	Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The West			
	Line of Section	mship 17 Range	32, , NMPM,	LEA County
. I.	DESIGNATION OF TRANSPORT		S Address (Give address to which approve	ed copy of this form is to be sent)
	Texas-New Mexico Pipelin Name of Authorized Transporter of Cas	e Company	P. O. Box 1510, Midland, Address (Give address to which approve	Texas
	Continental Oil Co. Malj	amar Plant No. 60	P. O. Box 2197, Houston, Texas	
	If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Pge.	Is gas actually connected? When Yes	NA
	If this production is commingled wit COMPLETION DATA		6-14-1-1-	
	Designate Type of Completio	n - (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, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
			D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
•			1	J
,	MUCH DATA AND DEOL'EET E	12 ALLOVARIE (Terr must be o		nd ruist he equal to or exceed top allow-
ř.	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) DIL WELL able 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
	· · · · · · · · · · · · · · · · · · ·			<u></u>
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I.	CERTIFICATE OF COMPLIANC	LCE .	JUN	TION COMMISSION
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED., 19 BY Yelsly A Coments Oil & Gos inspector	
	Q. A Q'a		This form is to be filed in compliance with RULE 1104.	
	Stan 7. Smith (Signature)		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- able on new and recompleted wells.	
	Administrative Section Chief (Title)			
	6-12-70 (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.	
	NMOCC (5) MCA PARTNERS FILE Separate Forms C-104 must be filed for each pool in multi completed wells.			be filed for each pool in multiply



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JUN 1 6 1970 OH. CONDERVICION CO. M. Houss, N. M.