

DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER ☐ OIL ☐ GAS
 OPERATOR
 PROBATION OFFICE

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-1
 Effective 1-1-65

Operator
Continental Oil Company
 Address
Box 116, Hanks, New Mexico 88240
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recombination ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐ Other (Please explain)
To show dual pipeline connection to battery effective 5-1-70

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name MCA UNIT 2002 Well No. 22 Pool Name, including Formation Permian Group Kind of Lease Federal Lease No.
 Location
 Unit Letter N 660 Feet From The SOUTH Line and 1980 Feet From The West
 Line of Section 21 Township 17 Range 32 N.M.P.M. 200 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Continental Oil Company Plant 2060 Address (Give address to which approved copy of this form is to be sent)
Box 2197, Houston, Texas
 If well produces oil or liquids, give location of tanks.
 Unit D Sec. 28 Twp. 17 Rge. 32 Is gas actually connected? Yes When NA

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, GR, 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 (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.

[Signature]
 Administrative Services Chief
 5-15-70
 (Date)

Mimeo (3) USC (2) File
 MCA PARTNERS

OIL CONSERVATION COMMISSION

APPROVED MAY 15 1970, 19
 BY John W. Runyan
 Ecologist
 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.