

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

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

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 ☐  
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name  
 MCA Unit Battery 2  
 Well No.  
 67  
 Pool Name, including Formation  
 Maljamar Grayburg San Andres  
 Kind of Lease  
 State, Federal or Fee  
 Federal  
 Lease No.  
 Location  
 Unit Letter  
 L  
 1980 Feet From The  
 S  
 Line and  
 660 Feet From The  
 W  
 Line of Section  
 21  
 Township  
 17 South  
 Range  
 32 East  
 NMPM,  
 Lea  
 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil ☒ or Condensate ☐  
 Continental Pipeline Company  
 Address (Give address to which approved copy of this form is to be sent)  
 Artesia, New Mexico  
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
 Continental Oil Company  
 Address (Give address to which approved copy of this form is to be sent)  
 Maljamar, New Mexico  
 If well produces oil or liquids, give location of tanks.  
 Unit  
 D  
 Sec.  
 28  
 Twp.  
 17  
 Rge.  
 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 Restv. ☐ Diff. Restv. ☐  
 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 lead 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.  
 M. E. Gschley  
 Administrative Section Chief  
 May 12, 1969  
 OIL CONSERVATION COMMISSION  
 APPROVED  
 BY  
 John W. Runyan  
 Geologist  
 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.