	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	- REQUEST	FOR ALLOWABLE AND MISPORT OIL AND NATURAL C	Form C - 104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	OPERATOR PRORATION OFFICE Operator				
	Continental Oil Company				
	P. O. Box 460, Hobbs, New Mexico 88240				
	Reoson(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of: To change from dual pipeline connection   Recompletion Oth Dry Gas To change from dual pipeline connection   Change in Ownership Castinghead Gas Condensate to single effective 6-1-70				
	f change of ownership give name and address of previous owner				
t". j	DESCRIPTION OF WELL AND I		·		
	Lease Name MCA UNIT BATTERY 2		me, Including Formation G-SA Repress.	Kind of Lease State, Federal or Fee Foder AI	
	Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST				
	Line of Section 2/ Tow	mship 17 Range	32, ммрм,	LEA County	
I. I		SNATION OF TRANSPORTER OF OIL AND NATURAL GAS of Authorized Transporter of Oil 😥 o: Condensate 🛄 Address (Give address to which approved copy of this form is to be sent)			
	Fexas-New Moxico Pipelin Name of Authorized Transporter of Cas	e Company	P. 0. Box 1510, Midland	Texas	
	Continental Oil Co. Malj If well produces cil or liquids, give location of tanks.	••	P. O. Box 2197, Houston Is gas actually connected? Who Yes	, Texas	
י 1 ערי	f this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
[	Designate Type of Completio		New Well Workover Deepen	Pluç Back   Same Restv. Diff. Restv.	
ł	Date Spudded	Date Compl. Ready to Prod.	Total Derth	P.B.T.D.	
ł	Elevations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Fay	Tubing Depth	
ł	Perforations Depth Casing Shoe			Depth Casing Shoe	
	HOLESIZE	TUBING, CASING, ANT CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT	
ļ			1		
	EST 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)				
Ī	Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	fi, etc.)	
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
ł	Actual Frod, During Test	Oil-Bbls.	Water - Dbls.	Gas - MCF	
. t	GAS WELL	L	L		
ſ	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
ł	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choko Sizo	
ו 1.	CERTIFICATE OF COMPLIANC	CE .	I) —	TI970	
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.			APPROVED BY OII & Gos inspirate TITLE		
_	Stan 7. Sm	ith	This form is to be filed in compliance with RULE 1104. If this is a request for ellowable 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-		
-	(Signa Administrative Section	Chief			
-	6-12-70 (Title)		able 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.		
•	Da NMOCC (5) MCA PARTNER		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.		



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