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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-105
Effective 1-1-55

1. Operator <u>Continental Oil Company</u>	
Address <u>Box 465 Hobbs N.M. 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 <u>MOA Unit Batten 4</u>	Well No. <u>193</u> Pool Name, Including Formation <u>Madison GSA Permian</u>	Kind of Lease <u>CC</u> <u>05869710</u>	Lease No.
Location		State, Federal or Fee	
Unit Letter <u>J</u>	<u>2615</u> Feet From The <u>South</u> Line and <u>2615</u> Feet From The <u>East</u>		
Line of Section <u>25</u>	Township <u>17-S</u>	Range <u>32-E</u>	County <u>LEA</u>

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)		
<u>NAVAJO Pipeline Co.</u>	<u>ARTESIA N.M.</u>		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
<u>Continental Oil Co. P.O. Box 100</u>	<u>Box 2197 Austin Texas</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>26</u>	Twp. <u>17</u> Rge. <u>32</u>
	Is gas actually connected? <u>Yes</u>		When <u>3-21-75</u>

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 Rest. ☐ Diff. Rest. ☐		
Date Spudded	Date Compl. Ready to Prod. <u>3-21-75</u>	Total Depth <u>4278</u>	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Madison GSA Permian</u>	Top Oil/Gas Pay	Tubing Depth <u>4251</u>
Perforations <u>4054-4278</u>			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>2 3/8</u>	<u>4278</u>	<u>4251</u>

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 <u>4-2-75</u>	Date of Test <u>4-2-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>20 HRS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>276</u>	Water-Bbls. <u>245</u>	Gas-MCF <u>75777</u>

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		OIL CONSERVATION COMMISSION	
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 _____, 19____	
<u>B. Pulisani</u> (Signature)		Orig. Signed by <u>Joe D. Ramey</u>	
<u>5th Dist.</u> (Title)		Dist. I, Supv.	
<u>5-20-75</u> (Date)			
<u>5th Dist. (3)</u> (Initials)			
		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 multiple completed wells.	