

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SANTA FE
FIELD
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-65

Operator Continental Oil Co
Address PO Box 460 Hobbs 11111 85240
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 MCA Unit 1344 Maljamar 6-5A Well No., Pool Name, including Formation
Kind of Lease Leasehold Lease No. _____
Location G 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 27 Township 17 S Range 32 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (Oil ☒ or Condensate ☐
Continental Oil Co. Address (Give address to which approved copy of this form is to be sent)
Hobbs NM
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Continental Oil Co. Address (Give address to which approved copy of this form is to be sent)
Box 1206, Maljamar NM 88265
If well produces oil or liquids, give location of tanks. Unit C Sec. 27 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 Resv.	Diff. Resv.
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 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	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.

Ron K. Lee (Signature)
Administrative Supervisor (Title)
November 4, 1977 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Greg S. Smith
TITLE Dist. 1, Supv.

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.

410000(5) 40305(2) 0104(B) File