

DIVISION OF OIL CONSERVATION  
 STATE OF NEW MEXICO  
 OIL & GAS  
 LAND OFFICE  
 TRANSPORTER  
 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-104 and C-110  
 Effective 1-1-65

Operator: Continental Oil Co  
 Address: PO Box 460 Hobbs 17177 85240  
 Reason(s) for filing (Check proper box):  
 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: NICH Unit Btry 3120 Maljama 6-SA Well No.: LC000341 Lease No.:  
 Location: C 660 Feet From The North Line and 1980 Feet From The West  
 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 of Oil ☒ or Condensate ☐  
Nichols Refining Address (Give address to which approved copy of this form is to be sent)  
Intermountain  
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Continental Oil Co. Maljama 6-SA Address (Give address to which approved copy of this form is to be sent)  
Box 1206 Maljama 11178 85240  
 If well produces oil or liquids, give location of tanks: C 27 17 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 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 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 (pitot, 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: Ben K. Lee  
 Title: Administrative Supervisor  
 Date: November 7, 1977

OIL CONSERVATION COMMISSION

APPROVED: [Signature], 19\_\_\_\_  
 BY: [Signature]  
 TITLE: [Signature]

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.

71000(5) 10548(2) 1104(3) File