

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SANTA FE  
FILE  
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 OIL C-101 and C-110  
Effective 1-1-65

Operator Continental Oil Co  
Address PO Box 460 Hobbs NM 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 NMCA Unit 3148 Maljama 6-SA Well No. 111188240 Kind of Lease Lease Lease No. 000341  
Location  
Unit Letter E 1980 Feet From The North Line and 660 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 Navajo Petroleum or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Hobbs NM  
Name of Authorized Transporter of Casinghead Gas Continental Oil Co or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Box 1206 Maljama NM 88240  
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 Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.								
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation								
Perforations									
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 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.

Barb K. Lee  
(Signature)  
Administrative Services  
(Title)  
November 4, 1977  
(Date)

OIL CONSERVATION COMMISSION  
**NOV 8 1977**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John D. Brown  
TITLE Dist. I, 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.

made(s) usgs(s) made(s) etc