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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  
SEP 17 6 15 AM '69

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

Operator  
Continental Oil Company  
Address  
Box 460, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ from injection  
Recompletion ☒ to producing  
Change in Ownership ☐  
Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Commission Order NO. R-2403  
authorized us to convert this gas  
inj. well to producing  
If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE  
Lease Name MCA UNIT Well No. 148 Pool Name, Including Formation MALJAMAR G-5A REPRBS Kind of Lease Federal State, Federal or Fee Lease No. LC-057210  
Location  
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST  
Line of Section 22 Township 17-S Range 32-E NMPM, LEA County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)  
Box 1510, Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Maljamar Pipeline Plant No. 60 Address (Give address to which approved copy of this form is to be sent)  
Box 1206 Maljamar, N. Mex.  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
C 27 17 32 Yes 8-12-69

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
8-10-69 4140  
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
4008 DF G-5A 3827 4030  
Perforations Depth Casing Shoe  
OH 3543-4034 3543  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
17 12 1/2 20' 2.3  
11 5 1/2 3543 250  
2 3/8 4030

IV. 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 8-10-69 Date of Test 8-26-69 Producing Method (Flow, pump, gas lift, etc.) Pumping  
Length of Test 24 hrs. Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil-Bbls. 98 Water-Bbls. 18 Gas-MCF 757 M

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

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.  
M. C. Hamilton  
Adm. Section Chief  
9-16-69  
NMOCC-5

OIL CONSERVATION COMMISSION  
SEP 18 1969  
APPROVED BY J. M. Kliney  
TITLE SUPERVISOR DISTRICT  
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.