

DISTRIBUTION

SANITARY

FILL

U.S.A.

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

1 MAY 21 12 02 AM '69

Continental Oil Company

Address

Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease No.

MCA Unit Battery 2

152

Maljamar Grayburg San Andres

State, Federal or Fee

Federal

Location

Unit Letter

F

1980

Feet From The

N

Line and

1980

Feet From The

W

Line of Section

28

Township

17 South

Range

32 East

NMPM

Loc

County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Address (Give address to which approved copy of this form is to be sent)

Continental Pipeline Company

Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas

Address (Give address to which approved copy of this form is to be sent)

Continental Oil Company

Maljamar, New Mexico

If well produces oil or liquids, give location of tanks.

Unit

D

Sec.

28

Twp.

17

Rgn.

32

Is gas actually connected?

Yes

When

N/A

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

V. COMPLETION DATA

Designate Type of Completion -- (X)

OH 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.

Elevations (DE, RKB, ET, 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

VI. 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

VII. 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.

APPROVED

BY

TITLE

John W. Runyan

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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