

UNIT NUMBER
STATE
FILE
O.C.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

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

1. Continental Oil Co
Address P.O. Box 460 Hobbs, NM 88240
Reason(s) for filing (check proper box) ☐ New Well ☐ Recombination ☐ Change in Ownership ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☐ 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 MCH Unit 318 Maljamar G-5A Kind of Lease LC 000341 Lease No.
Location Unit Letter A 660 Feet From The North Line and 660 Feet From The East
Line of Section 28 Township 17 S Range 32 E BLM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Transporter Continental Oil Co or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorizing Transporter of Continental Oil Co or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
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 Res't, Diff. Comp't
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D.
Elevations (DF, RKB, RI, 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.
Richard Lee (Signature)
Administrative Services (Title)
November 2, 1974 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY John Lee
TITLE Director
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 well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.