

REGISTRATION
LAND FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
REGISTRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C.C. Form C-110
Effective 1-1-65

I. OPERATOR
Operator
Continental Oil Company
Address
Box 1510, Dallas, Texas 75201
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: ☐ To show dual pipeline
Recompletion ☐ Oil ☐ Dry Gas ☐ Connection to battery
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ effective 5-12-70

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name MCA UNIT 2892 Well No. 1980 Pool Name, including Formation Arkoma Group Kind of Lease Federal Lease No.
Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West
Line of Section 29 Township 17 Range 32 , NMPM, 200 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Arkoma Pipeline Co. Box 1510, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company, Plant 2860 Box 2197, Houston, Texas
If well produces oil or liquids, give location of tanks. Unit D Sec. 28 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 Restv. Diff. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DE, 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 lost 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.
[Signature]
Administrative Services Chief
5-12-70
Approved [Signature] 19
BY [Signature]
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.

nmcc(6) USGS(2) file
MCA PARTNERS