	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-05
1.	LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
	Continental Oil Company Address P. O. Box 460, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate To single effective 6-1-70			
	If change of ownership give name and address of previous owner			
17.	DESCRIPTION OF WELL AND I Leave Name MCA UNIT BATTERY 2 Lecation Unit Letter C : 660	Lesse No. Well No. Pool No. /// Malj.	me, Including Formation G-SA Repress. 	Kind of Lease State, Federal c: Fee FederAl
		mship 17 Range	З <u>, NMPM</u> ,	Len County
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil		S Address (Give address to which approv	ved copy of this form is to be sent)
	Texas-New Mexico Pipelin Name of Authorized Transporter of Cas Continental Oil Co. Malj	e Company Inghead Gas X or Dry Gas A amar Plant No. 60	P. O. Box 1510. Midland, Texas Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197. Houston, Texas	
	If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:			
٧.	If this production is commingled wit COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	give commingling order number:	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depti.	P.B.T.D.
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
۷.	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Bun To Tonks	DR ALLOWABLE (Test must be a able for this de Date of Test	fter recovery of total volume of load oil o pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	and must be equal to or exceed top allow- ft, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Tost	011-BE16,	Water-Bbls.	Gas + MOF
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condet.sate/MMCF	Gravity of Condensate
	Testing Mothod (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Ί.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED BYOH & Gos TITLE	Climent
	Administrative Section	iture)	This form is to be filed in compliance with RULE 1154. 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 allow-	
	6-12-70 (Tid	tte)	able on new and recompleted we Fill out only Sections I. II well name or number, or transport Separate Forms C-104 must	at be filled out completely for allow- bils. (111, and VI for changes of owner, iter, or other such change of condition. t be filled for each pool in multiply
	NHOCC (5) MCA PARTHER	S FILE	j completed wells.	

RECEIVED

.

JUN 1 0 1970 OIL CONSERVATION DI AM. HOBBS, N. AL