

DELEGATION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-112
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 ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name NICHA Unit 3321 Maljama 6-5A Kind of Lease AC 000341 Lease No.
Location C 660 Feet From The North Line and 1980 Feet From The West
Line of Section 33 Township 17 S Range 32 E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter Continental Oil Co or Condensate ☐
Address (Give address to which approved copy of this form is to be sent) Hobbs, NM
Name of Authorized Transporter of Casinghead Gas Continental Oil Co or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent) Box 1206, Maljama NM 88240
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'tv. Diff. Res'tv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RRB, 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 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.
Ben H. Lee (Signature)
Administrative Supervisor (Title)
November 7, 1977 (Date)
OIL CONSERVATION COMMISSION
APPROVED NOV 8 1977, 19
BY Harry Sexton
TITLE Dist. 1 Supv.
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 Form C-104 must be filed for each pool in multiply completed wells.