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

I. OPERATOR

Operator Continental Oil Company

Address Box 460 Hobbs, N. Mexico

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) Formerly Mitchell A No 1 - This well was re-completed as an injection well but we will test it briefly for reservoir information.

Recompletion ☒ Oil ☐ Dry Gas ☐ This well was re-completed as an injection well but we will test it briefly for reservoir information.

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>MCA Unit Bty 1</u>	<u>331</u>	<u>Maly G-SA Repress</u>	State, Federal or Fee <u>LC-029405(a)</u>	
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>D</u>	<u>660</u>	<u>North</u>	<u>460</u>
	Line of Section	Township	Range	County
	<u>20</u>	<u>175</u>	<u>32E</u>	<u>Yea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Pipeline Company</u>	<u>North Freeman Ave Artesia, N. Mexico</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Continental Gasline Plant # 60</u>	<u>Box 2197 Houston, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>30</u>	<u>175</u>	<u>32E</u>	<u>Yes</u>	<u>N/A</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>					<u>X</u>		<u>X</u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>N/A</u>	<u>12-14-72</u>	<u>5370'</u>	<u>4110'</u>					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3978' df</u>	<u>Mayburg San Andres</u>	<u>3637'</u>	<u>none</u>					
Perforations	Depth Casing Shoe							
<u>3642', 50', 54', 58', 3674', 3702' and 3706'</u>	<u>5370'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>9 1/2"</u>	<u>7 5/8"</u>	<u>767'</u>	<u>300 Sacks</u>					
<u>6 3/4"</u>	<u>4 1/2"</u>	<u>5370'</u>	<u>450 Sacks</u>					

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.)	
<u>12-14-72</u>	<u>12-19-72</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>—</u>	<u>200 psi</u>	<u>2 1/2" 64"</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>125</u>	<u>185</u>	<u>—</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Robert Gault III  
(Signature)  
Administrative Supervisor  
(Title)  
December 21, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 20 1972, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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.

USGS-2 NMOC-5 File  
MCA-3

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H. H. H.