

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-111
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
Operator: Continental Oil Company
Address: P. O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check, or, or box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain): Change in well designation
If change of ownership give name and address of previous owner: Formerly Mitchell A NO. 4

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA Unit Bly 1</u>	Well No. <u>253</u>	Pool Name, Including Formation <u>malj. G-5A</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>LC 029405(2)</u>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>460</u> Feet From The <u>west</u> Line of Section <u>20</u> Township <u>17-5</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Morgan Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>north Fremont Ave, Uteira, N.Mex.</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Morgan Machine Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1206, Uteira, N.Mex.</u>			
If well produces oil or liquids, give location of tanks. <u>A 30</u>	Unit <u>30</u>	Sec. <u>17-5</u>	Twp. <u>32-E</u>	Rge. <u>yes</u>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input checked="" type="checkbox"/> Diff. Res'v.
Date Spudded <u>work stopped</u> <u>3-16-70</u>	Date Compl. Ready to Prod. <u>3-19-70</u>	Total Depth <u>5350</u>	P.B.T.D. <u>4120</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3968' DF</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>3721'</u>	Tubing Depth <u>4006</u>					
Perforations <u>4016' + 4046' w/2 (1.40") ISIP</u>				Depth Casing Shoe <u>5350'</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11</u>	<u>7 7/8</u>	<u>747</u>	<u>discarded</u>
<u>6 3/4</u>	<u>4 1/2</u>	<u>5350</u>	<u>350</u>
	<u>2 3/8</u>	<u>4006</u>	<u>discarded</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>3-19-70</u>	Date of Test <u>3-22-70</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>150</u>	Casing Pressure <u>275</u>	Choke Size <u>1/2</u>
Actual Prod. During Test	Oil-Bbls. <u>307</u>	Water-Bbls. <u>41</u>	Gas-MCF <u>116</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (psia-3in)	Casing Pressure (psia-3in)	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.

M. E. ...
(Signature)
ADMINISTRATIVE SECTION CHIEF
(Title)
3-26-70
(Date)
NMOC (5)

OIL CONSERVATION COMMISSION

APPROVED: 1970, 19
BY: John W. Remyan
TITLE: Chief

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 well test data taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL COMPANY
HOBBES, W. VA.

MAR 27 1970

RECEIVED