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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

Operator <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 460 Hobbs N.M. 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA Unit BTR44</u>	Well No. <u>130</u>	Pool Name, Including Formation <u>MAJAMAR 6-SA Repress</u>	Kind of Lease State, <u>(Federal)</u> or Fee <u>LC05869764</u>	Lease No.
Location Unit Letter <u>G</u> ; <u>1345</u> Feet From The <u>West</u> Line and <u>2615</u> Feet From The <u>EAST</u> Line of Section <u>25</u> Township <u>17-S</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO Pipeline Company</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 OIL Co. Gasoline Plant No. 6</u>	<u>MAJAMAR N.M.</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>26</u> Twp. <u>17</u> Rge. <u>32</u>	<u>yes</u> <u>10-17-74</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)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>10-17-74</u>	Total Depth <u>4152</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>6-SA Repress</u>	Top Oil/Gas Pay <u>4075</u>
Perforations <u>Open Hole</u>		Tubing Depth <u>4135</u>
Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
	<u>2 7/8</u>	<u>4135</u>
SACKS CEMENT		

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>10-17-74</u>	Date of Test <u>6-8-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls. <u>32</u>	Water-Bbls. <u>18</u>
		Gas-MCF <u>42</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.

B. Pellegrini
(Signature)
Asst
(Title)
7-2-75
(Date)
nmcc (4) MCA (3) file

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
TITLE _____

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.