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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND ~~OTHER~~ O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
SEP 3 2 46 PM '69

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
*Continental Oil Company*  
Address  
*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 ☐ Castinghead Gas ☐ Condensate ☐  
Other (Please explain)  
*Converted to producing by installing pumping equipt.*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>MCA Unit</i>	Well No. <i>156</i>	Pool Name, including Formation <i>GRAYBURG SAN ANDRES</i>	Kind of Lease <i>Federal</i>	Lease No. <i>LC029410</i>
Location Unit Letter <i>F</i> : <i>2550</i> Feet From The <i>North</i> Line and <i>2595</i> Feet From The <i>WEST</i> Line of Section <i>29</i> Township <i>17</i> Range <i>32</i> , NMPM, <i>LEA</i> 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"/> <i>Newaja Refining Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>North Freeman Ave. Artesia N. M.</i>	
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Continental Oil Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>Malisman, New Mexico</i>	
If well produces oil or liquids, give location of tanks. Unit <i>D</i> Sec. <i>28</i> Twp. <i>17</i> Rge. <i>32</i>	Is gas actually connected? <i>Yes</i>	When <i>N/A</i>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>1-7-49</i>	Date Compl. Ready to Prod. <i>8-15-69</i>		Total Depth <i>3992'</i>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <i>3934 DF</i>	Name of Producing Formation <i>GRAYBURG SAN ANDRES</i>		Top Oil/Gas Pay <i>3875'</i>		Tubing Depth <i>3968'</i>			
Perforations <i>3875' - 3828' NITRO</i>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <i>15"</i> <i>8 3/4"</i>	CASING & TUBING SIZE <i>10 3/4"</i> <i>7"</i>		DEPTH SET <i>58</i> <i>3698</i>		SACKS CEMENT <i>50</i> <i>300</i>			

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 <i>8-18-69</i>	Date of Test <i>8-23-69</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hrs.</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>15</i>	Water - Bbls. <i>125</i>	Gas - MCF <i>TSTM</i>

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.

*M.E. Gaskley*  
(Signature)  
*Administrative Section Chief*  
(Title)  
*8-27-69*  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *SEP 4 1969*  
BY *John W. Runyan*  
TITLE *Geologist*

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.