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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

I. Operator Continental Oil Company
Address Box 460, Hobbs, N. Mex.
Reason(s) for filing (Check proper box) Recomplete from gas inf.
New Well ☐ to producing ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) Commission order NO. R-2403 authorized us to convert this well to producing

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name MCA Unit #1 Well No. 58 Pool Name, Including Formation Maljimar G-5A Res. Kind of Lease Federal Lease No. LC-029405
Location Unit Letter K; 2610 Feet From The SOUTH Line and 2640 Feet From The WEST
Line of Section 19 Township 17-S Range 32-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Nrga Pipe Line Co Address (Give address to which approved copy of this form is to be sent) Artesia, N. Mex.
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Maljimar Gasoline Plant Address (Give address to which approved copy of this form is to be sent) Box 1206 Maljimar, N. Mex.
If well produces oil or liquids, give location of tanks. Unit A Sec. 30 Twp. 17 Rge. 32 Is gas actually connected? yes When 12-24-69

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'v. ☐ Diff. Res'v. ☐
Date Spudded _____ Date Compl. Ready to Prod. 12-24-69 Total Depth 3970 P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) 3936' DF Name of Producing Formation San Andres Top Oil/Gas Pay 3536 Tubing Depth 3876
Perforations OH from 3536' to 3970' Depth Casing Shoe 3536
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/2" 8 5/8 682 50
8" 7 3536 150
2 7/8 3876

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 12-24-69 Date of Test 12-31-69 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs. Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. 18 Water-Bbls. 4 Gas-MCF 122

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.
McQuakley (Signature)
Adm. Section Chief (Title)
1-2-70 (Date)
mmcc-5
OIL CONSERVATION COMMISSION
APPROVED JAN 13 1970, 19_____
BY [Signature]
TITLE [Signature]
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.