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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-111
Effective 1-1-65

I.

Operator <i>Continental Oil Company</i>	
Address <i>Box 460 Hobbs, N. Mex.</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>Commission Order NO. R-3403 authorized us to convert this gas inj. well to a producing well.</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner <i>Continental Oil Co., P.O. Box 100, Hobbs, N. Mex.</i>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>MCA Unit</i>	Well No. <i>61</i>	Pool Name, including Formation <i>G-3A</i>	Kind of Lease <i>Federal</i>	Lease No.
Location				
Unit Letter <i>L</i> : <i>2615'</i> Feet From The <i>South</i> Line and <i>35'</i> Feet From The <i>West</i>				
Line of Section <i>20</i> Township <i>17-S</i> Range <i>32-E</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<i>Continental Pipe Line Co.</i>	<i>N. Freeman Ave., Dallas, N. Mex.</i>					
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)					
<i>Mojave Gasoline Plant NO. 61</i>	<i>Box 1206 Mojave, N. Mex.</i>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<i>M</i>	<i>20</i>	<i>17</i>	<i>32</i>	<i>Yes</i>	<i>2-1-69</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<i>X</i>							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
			<i>3977'</i>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<i>3992' DF</i>	<i>Grayburg - San Andres</i>		<i>3590'</i>		<i>3931</i>			
Perforations					Depth Casing Shoe			
<i>Shot OH from 3630' to 3590' February, 1951</i>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>15"</i>	<i>10 3/4"</i>		<i>77'</i>		<i>70</i>			
<i>9 1/2"</i>	<i>7"</i>		<i>3560'</i>		<i>250</i>			
	<i>2 3/8"</i>		<i>3931</i>					

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 <i>3-10-69</i>	Date of Test <i>3-17-69</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hrs.</i>	Tubing Pressure <i>-</i>	Casing Pressure <i>open</i>	Choke Size <i>-</i>
Actual Prod. During Test	Oil - Bbls. <i>35</i>	Water - Bbls. <i>1</i>	Gas - MCF <i>162</i>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. Peckley
(Signature)
Asst. Section Chief
(Title)
3-19-69
(Date)

N. M. O. C. C. - 5 MCA Partner File

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
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.