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	NO. OF COPIES RECEIVED		ي المعر		
			ONSERVATION COMMISS	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		MANUDES OFFICE A C O		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
	LAND OFFICE		APR 25 11 19 AM 169		
	TRANSPORTER OIL		11 15 AM 759		
	GAS				
	OPERATOR				
1.	PRORATION OFFICE	l			
	Operator				
	Continental Oil Company				
	Address				
	P. O. Box 460, Hobbs, New Mexico				
	eason(s) for filing (Check proper box) Constitute to Preserving Other (Please explain) ew Well Change in Transporter of: ecompletion OII Dry Gas Condensate Condensate Company Condensate NO. P-2403				
	New Well	w Well Change in Transporter of:			
	Recompletion	Oil Dry Ga	s [to presturing	was guen in	
	Change in Ownership	Casinghead Gas Conder	isate Commitcica	ncon NO. R-3403	
				x	
	If change of ownership give name and address of previous owner				
	-				
П.	DESCRIPTION OF WELL AND I	LEASE			
	Lease Name	Well No. Pool Name, Including Fr	ormation Kind of Lea	se Flored Lease No.	
Lease Name <u>MCA</u> Unit TB3 225 MCGinner, G-SA Repless Location Kind of Lease State, Federal or Federal or Federal Content of Lease N				ral of Fee	
Unit Letter 0; 25 Feet From The MALL Line and 25 Feet From The Indered					
Line of Section 34 Township 17-5 Range 38-E, NMPM, Leg County					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil 🔄 or Condensate 🗌 Address (Give address to which approved copy of this form i				oved copy of this form is to be sent)	
	TRADE - m. SMC1.	Pine Jene, Co	Box 1510, milland, Texas		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address		Address (Give address to which appr	dress to which approved copy of this form is to be sent)		
	maliana Plant NO.60		Box 1206, maliana, n. aner.		
	Million Marida	Unit Sec. Twp. Rge.	Is gas actually connected?		
	If well produces oil or liquids, give location of tanks. G 33 17 32 URD 44-3-69				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give comminging order number.		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on – (X)	Leren and a second s		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		4-3-69	41.20		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3960'01	6-5A	4008	4101	
	Perforations	6 3 /	7000	Depth Casing Shoe	
	OH.			3978	
		TUBING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	1.3 /4	10%4	832	NONE	
	0 7/0	05/0	1142	50	
	9 0/0	8.78	3978	175	
		2 20	4101		
			والمحج والمحمد والمراجع المراجع المراجع المراجع والمراجع والمراجع والمحاد والمحاد والمحاد والمحاد والمحاد	······································	
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 allow- able for this depth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
			Que ait		
	4-3-69	4-9-67 Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test				
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	Actual Proa, During, l'est			4	
	l	9	*		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensgte/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D		BDIB: COMBINE COMBINE		
			Coulor Descure (Chart-12)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
	L				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
				K J R NOS	
	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.		BY_ACKANES		
	above is true and complete to the	best of my knowledge and beller.	BY ALCON	And	
		· •	TITLE SUPERVISOR		
	a) 11		This form is to be filed in compliance with RULE 1104.		
	m. E. yeakley		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signature)		is wall this form must be accompanied by a tabulation of the deviation		
		V/ V		tests taken on the well in accordance with RULE 111.	
	Administrative Section		All sections of this form must be filled out completely for allow- able 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.		
	•	•			
	4-22-6	2			
	(De	216)		ust be filed for each pool in multiply	
. :	1999 1 5 - 18 March		completed wells.		