

OIL CONSERVATION COMMISSION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRODUCTION OFFICE

REVIEWING 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. CONTINENTAL OIL CO
 Address PO Box 460 Hobbs NM 88240
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☒ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NCH Unit 3222 Maljamar G-SA Kind of Lease LCOO0341 Lease No.
 Location Unit Letter B 50 Feet From The North Line and 2500 Feet From The East
 Line of Section 33 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 ☐ Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
 C 27 17 32 yes NA

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 Resrv. Diff. Resrv.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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.

(Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION

APPROVED BY 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.