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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

ANDREWS OFFICE
 APR 25 11 19 AM '69

I. Operator
 Continental Oil Company
 Address
 Box 460, Hobbs, N. Mex.
 Reason(s) for filing (Check proper box)
 New Well Convert to producing
 Recompletion Change in Transporter of:
 Change in Ownership Oil Dry Gas
 Casinghead Gas Condensate
 Other (Please explain)
 Authority to produce from this location was given in Commission order NO. R-2403
 If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name TB-2 Well No. 174 Pool Name, Including Formation NCA Unit 174 Mojama G-5A Reservoir Kind of Lease State, Federal or Fee Federal Lease No.
 Location
 Unit Letter L ; 2590 Feet From The SOUTH Line and 25 Feet From The west
 Line of Section 28 Township 17-5 Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 Texas-New Mex. Pipe Line Co. Box 1510, Midland, Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 Mojama Gasoline Plant NO. 60 Box 1206, Mojama, N. Mex.
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
 I 29 17 32 yes 3-10-69

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. Total Depth P.B.T.D.
 3-10-69 4055
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 3955 DF G-5A 3683 3960
 Perforations: Depth Casing Shoe
 OH 3683 - 4028' 3683
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8	8 7/8	959	50
7 7/8	7	3683	150
	2 7/8	3960	

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.)
 3-10-69 3-10-69 Pumping
 Length of Test Tubing Pressure Casing Pressure Choke Size
 24 hrs. - - - open
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
 1280 2 15

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. Yeakley
 (Signature)
 Adm. Section Chief
 (Title)
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED APR 28 1969
 BY [Signature]
 TITLE SUPERVISOR DISTRICT I
 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.

92022-5 MCA [Signature]