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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 OBB'S OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
APR 25 11 19 AM '69

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)  
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 Mojama G-5A Reservoir Kind of Lease Federal Lease No. \_\_\_\_\_  
MCA Unit  
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. Address (Give address to which approved copy of this form is to be sent)  
Box 1510, Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Mojama Gasoline Plant NO. 60 Address (Give address to which approved copy of this form is to be sent)  
Box 1206, Mojama, N. Mex.  
If well produces oil or liquids, give location of tanks. Unit I Sec. 29 Twp. 17 Rge. 32 Is gas actually connected? yes When 3-10-69  
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. 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. 3-10-69 Total Depth 4055 P.B.T.D. \_\_\_\_\_  
Elevations (DF, RKB, RT, GR, etc.) 3955 DF Name of Producing Formation G-5A Top Oil/Gas Pay 3683 Tubing Depth 3960  
Perforations: OH 3683 - 4028' Depth Casing Shoe 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 2 7/8 3960

VI. 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 3-10-69 Date of Test 3-10-69 Producing Method (Flow, pump, gas lift, etc.) Pumping  
Length of Test 24 hrs. Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size open  
Actual Prod. During Test Oil-Bbls. 1280 Water-Bbls. 2 Gas-MCF 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 \_\_\_\_\_

VII. 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)  
2-20-69 MCA Arthur L.H.

OIL CONSERVATION COMMISSION  
APPROVED APR 28 1969, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT  
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.