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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
U.S. OFFICE OF NATURAL GAS
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

APR 25 11 19 AM '69

Operator Continental Oil Company	
Address P. O. Box 460, Hobbs, New Mexico	
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 ☐
Authority to convert this well to producing was given in Commission Order NO. R-2403	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit 70.2	Well No. 41	Pool Name, including Formation Maljamar G-SA Repur	Kind of Lease Federal	Lease No.
Location Unit Letter H : 2530 Feet From The north Line and 215 Feet From The east			State, Federal or Fee	
Line of Section 21 Township 17-S Range 32-E, NMPM, Tex			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 is to be sent)					
Texas-New Mexico Pipeline Co.	Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Maljamar Gasoline Plant NO. 60	Box 1206, Maljamar, 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	4-18-69

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod. 4-18-69		Total Depth 4106		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4021' DF	Name of Producing Formation G-SA		Top Oil/Gas Pay 3755		Tubing Depth 4055			
Perforations OH					Depth Casing Shoe 3719			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18 1/4	10 3/4		74		60			
9 7/8	8 1/2		842		NONE			
7 7/8	5 1/2		3719		425			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-18-69	Date of Test 4-22-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size open
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 50	Gas-MCF 14

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-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)
Administrative Section Chief
(Title)
4-22-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED 4-22-69, 19

BY [Signature]
TITLE [Signature]

This form is to be filed in compliance with RULE 110.

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.