

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HOBBS OFFICE O.C.C.  
AND OFFICE O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O.C.C.  
JUN 11 8 48 AM '69  
JUN 11 1 26 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, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in lease designation  
Formerly - Wm. Mitchell A

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Mitchell A Lease No. 5 Pool Name, including Formation Maljamar Paddock Kind of Lease State, Federal or Fee Federal  
Location  
Unit Letter A 990 Feet From The North Line and 990 Feet From The East  
Line of Section 20 Township 17 South Range 32 East, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent)  
North Freeman Avenue, Artesia, New Mexico  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Continental Oil Company Address (Give address to which approved copy of this form is to be sent)  
Maljamar, New Mexico  
If well produces oil or liquids, give location of tanks. Unit C Sec. 20 Twp. 17S Rge. 32E Is gas actually connected? Yes When N/A

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.  
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 (pitot, back pr.) Tubing Pressure Casing Pressure 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. Buckley  
Administrative Section Chief  
June 3, 1969  
RMCCC(5) File

OIL CONSERVATION COMMISSION  
APPROVED JUN 10 1969  
BY [Signature]  
TITLE SUPERVISOR  
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 Form C-104 must be filed for each pool in multiple completed wells.