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| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRORATION OFFICE       |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HOBBS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 11 3 20 PM '69

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

|  |   |
|--|---|
| Operator<br>Continental Oil Company          |   |
| Address<br>Box 460, Hobbs, New Mexico 88240  |   |
| Reason(s) for filing (Check proper box)      | Other (Please explain)  |
| New Well <input type="checkbox"/>            | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>        | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |           |               |  |  |
|---|-----------|---------------|--|--|
| Lease Name<br>Grace Mitchell B  | Lease No. | Well No.<br>7 | Pool Name, Including Formation<br>Maljamar Grayburg San Andres | Kind of Lease<br>State, Federal or Fee Federal |
| Location<br>Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East<br>Line of Section 5 Township 17 South Range 32 East , NMPM, Lea County |           |               |  |  |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |           |            |            |                                   |             |
|---|---|-----------|------------|------------|-----------------------------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Refining Company         | Address (Give address to which approved copy of this form is to be sent)<br>North Freeman Avenue, Artesia, New Mexico |           |            |            |                                   |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Continental Oil Company | Address (Give address to which approved copy of this form is to be sent)<br>Maljamar, New Mexico                      |           |            |            |                                   |             |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>I   | Sec.<br>5 | Twp.<br>17 | Rge.<br>32 | Is gas actually connected?<br>Yes | When<br>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.

OIL CONSERVATION COMMISSION

APPROVED JUN 12 1969, 19  
BY John W. Runyan  
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.

Administrative Section Chief

June 3, 1969

HMOC(5) File