Ι.	NO. OF COPIES RECEIVED     DISTRIBUTION     SANTA FE     FILE     U.S.G.S.     LAND OFFICE     IRANSPORTER     OIL     TRANSPORTER     OPERATOR     PRORATION OFFICE     Operator     CONTINENTAL OIL COMI     Address     P. O. BOX 460, HOBBI     Reason(s) for filing (Check proper box)     New Well     Recompletion     Change in Ownership	REQUEST F		
	If change of ownership give name and address of previous owner			
п.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease			
• ,	Lease Name MCA UNIT BATTERY 2 Location Unit Letter A ; 66	24-5 MALJAN	AR REPRESS. (G-SA)	State, Federal or Fee Federal
	Line of Section 2/, Town	nship 17 Range .	3 , NMPM, LEA	County
111.	DESIGNATION OF TRANSPORT TEXAS - NEW TIME XICO PIPELIN NAVAJO PIPELINE Name of Authorized Transporter of Cast CONTINENTAL OIL CO. PLAN	nghead Gas 🔀 or Dry Gas 🗌	S Address (Give address to which approve P. O. BOX 1510, MIDLAND, NORTH FREEMAN AVE?IUE, AR Address (Give address to which approve P. O. BOX 2197, HOUSTON, Is gas actually connected? When	TEXAS TESIA, NEW MEXICO d copy of this form is to be sent) TEXAS
	If well produces oil or liquids, give location of tanks. If this production is commingled with	D 28 17 32	YES / NA	
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	Oil Well Gas Well	New Well Workover Deepen Total Depth	Plug Back   Same Res'v. Diff. Hes'v.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND		D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·		
v	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 able for this depth or be for full 24 hours)			
OIL WELL Date First New Oil Hun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				e, 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
V	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Complision 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	
				Runyan
			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 allow- able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Securate Forms C-104 must be filled for each pool in multiply	

10-8-70 NMOCC (3) USGS (2)" 'PARTNERS (3) FILE

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Fill out Sections I, II, III, and VI only 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



COT C 1970 OIL COMPONING 1 00.012