DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C - 104 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS **OPERATOR** 1. PRORATION OFFICE Operator Continental Oil Company Addres P. O. Box 460, Hobbs, New Mexico Recson(s) for filing (Check proper box) 88240 Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion 011 To change from dual pipeline connection Change in Ownership Casinghead Gas Condensate to single effective 6-1-70 If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee Federal -745 Malj. G-SA Repress. MCA UNIT BATTERY 2 Location E AST 50.0 __ Feet From The NORTH Line and _ Unit Letter سکے میر , NMPM Line of Section Township Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas P. O. Box 2197, H Is gas actually connected? Houston, Texas Continental Oil Co. Maljamar Plant No. _mlai | Unit 60 Sec. If well produces oil or liquids, give location of tanks. 32 28 17 Yes NA D If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Resty, Diff. Resty. Gas Well Workover Plug Back Oll Well Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Total Depth Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASHIG, AND CEMENTING RECORD **SACKS CEMENT** CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test

Water - Bbls.

Bbls. Condehsate/MMCF

Casing Pressure

Oil - Bbls.

Length of Test

Tubing Pressure

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.

(Title)

(Date)

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Mothed (pitot, back pr.)

4. CERTIFICATE OF COMPLIANCE

(Signature)
Administrative Section Chief

NMOCC (5) MCA PARTHERS FILE

GAS WELL

6-12-70

Supersedes Old C-101 and C-110

OIL CONSERVATION COMMISSION JUN 17 1970 APPROVED Oil & Gos Inspection 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.

Gas - MCF

Choke Size

Gravity of Condensate

The same of the sa

RECEIVED

JUN 1 6 1970

QIL CONSERVATION IML HORRS, N. M.