

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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator Continental Oil Company	
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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 MCA Unit #1	Well No. 256	Pool Name, Including Formation Maljamar M-SA	Kind of Lease Fed State, Federal or Fee	Lease No. LC-029405(1)
Location Unit Letter I : 2590 Feet From The South Line and 1310 Feet From The East				
Line of Section 20 Township 17-S Range 32-E, 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"/> Navajo Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco's Maljamar Gasoline Plant	Address (Give address to which approved copy of this form is to be sent) Box 1206, Maljamar, N. Mex.			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 17-S	Rge. 32-E
				Is gas actually connected? When yes NA

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-11-70	Date Compl. Ready to Prod. 6-6-70		Total Depth 4145		P.B.T.D. 4109			
Elevations (DF, RKB, RT, GR, etc.) 4015 RB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4022		Tubing Depth 4073			
Perforations 4069', 4063', 4058', 4053', 4041', 4036', 4030', 4026 w/1.5SPF					Depth Casing Shoe 4145			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		748		300 Circulated			
7 7/8	5 1/2		4145		300			
	2 7/8		4073					

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 6-6-70	Date of Test 6-10-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 210	Casing Pressure	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 395	Water - Bbls. 109	Gas - MCF 144.4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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. Heasley
ADMINISTRATIVE SECTION CHIEF
6-15-70
VHOCC (5)
MCA Partner
T.L.

OIL CONSERVATION COMMISSION

APPROVED JUN 17 1970
BY Leslie A. Clement
TITLE SUPERVISOR DISTRICT

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.

RECEIVED

JUN 16 1970

OIL CONSERVATION COM.
HOBBS, N. M.

RECEIVED

JUN 16 1970

OIL CONSERV.
HOBBS, N. M.