

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-1  
Effective 1-1-65

I.

Operator Continental Oil Company	
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA UNIT Bty 2	Well No. 260	Pool Name, including Formation Maljamas G-SA	Kind of Lease State, Federal or Fee	Lease No. Fed-LC 057210
Location				
Unit Letter F	1410	Feet From The North	Line and 2550	Feet From The West
Line of Section 28	Township 17S	Range 32E	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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Maljamas Gasline Plant	Address (Give address to which approved copy of this form is to be sent) Box 1206, Maljamas, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 28	Twp. 17-S	Rge. 32-E	Is gas actually connected? Yes	When 9-3-70

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-5-70	Date Compl. Ready to Prod. 8-23-70		Total Depth 4110		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3994' DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 3774'		Tubing Depth 4053			
Perforations 3778, 3789, 3798, 3805, 3815, 3827, 3876, 3884, 3891, 3900, 3937, 3948, 3959, 3967, 3977, 4001, 4043, 4053, 4067, 4077, 4088					Depth Casing Shoe 4110'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8" 5 1/2" 2 7/8		DEPTH SET 870' 4110' 4053		SACKS CEMENT 350 24 (Cic.) 250			

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 8-23-70	Date of Test 9-3-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 371	Water - Bbls. 7	Gas - MCF 132

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. ...*  
(Signature)  
ADMINISTRATIVE SUPERVISOR  
(Title)  
(Date)

OIL CONSERVATION COMMISSION  
SEP 18 1970  
APPROVED  
BY *[Signature]*  
TITLE SUPERVISOR DISTRICT I

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.

110000 (5)  
MCA Partners

RECEIVED  
SEP 17 1970  
OIL CONSERVATION COMM.  
HOBBS, N. M.