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TRANSPORTER	OIL
	GAS
OPERATOR	
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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-110
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) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McAllister Pkty #2</u>	Well No. <u>362</u>	Pool Name, Including Formation <u>mgly. Grayburg SA Rpt.</u>	Kind of Lease State, Federal or Fee <u>LC-0295090</u>	Lease No. <u>LC-0295090</u>
Location Unit Letter <u>E</u> ; <u>2615</u> Feet From The <u>North</u> Line and <u>35</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> <u>Delaware New Mexico Production Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Millard, Wyo.</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental Oil - mgly. Grayburg Pkty #60</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197, Houston, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>	Twp. <u>17S</u>	Rge. <u>32E</u>
Is gas actually connected?		When <u>Yes</u> <u>1-18-71</u>		

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 <u>12-30-70</u>	Date Compl. Ready to Prod. <u>1-15-71</u>		Total Depth <u>4145'</u>		P.B.T.D. <u>4125'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>4012 BL</u>	Name of Producing Formation <u>mgly. Grayburg SA Rpt.</u>		Top Oil/Gas Pay <u>4098'</u>		Tubing Depth <u>4006'</u>			
Perforations <u>4098' + 4102' w/2 2-5 PF</u>					Depth Casing Shoe <u>4145'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u> <u>2 3/4"</u>		DEPTH SET <u>780'</u> <u>4145'</u> <u>4006'</u>		SACKS CEMENT <u>350 at 4145' c.c.</u> <u>250 at 4006' c.c.</u>			

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 <u>1-15-71</u>	Date of Test <u>1-18-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>290 #</u>	Casing Pressure <u>64'</u>	Choke Size <u>3 1/2"</u>
Actual Prod. During Test	Oil - Bbls. <u>732</u>	Water - Bbls. <u>5</u>	Gas - MCF <u>149.4</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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. Yeckley
(Signature)
Administrative Supervisor
(Title)
January 18, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 20 1971, 19____
BY [Signature]
TITLE SUPERVISOR

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.