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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-110  
Effective 1-1-65

I. OPERATOR

Operator Continental Oil Company

Address P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐ Other (Please explain) 1st time

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>MCA Unit B#1</u>	<u>263</u>	<u>Mud, Grady SA Rept.</u>	State, <input checked="" type="radio"/> Federal or Fee	<u>LC-029405(1)</u>
Location				
Unit Letter	<u>L</u>	<u>2594</u> Feet From The <u>South</u> Line and <u>1224</u> Feet From The <u>West</u>		
Line of Section	<u>20</u>	Township <u>17S</u>	Range <u>32E</u>	NMPM, <u>Lee</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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Navajo Pipeline Company</u>	<u>North Houston Ave - Artesia, N.M.</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Navajo Pipeline Plant #60</u>	<u>P.O. Box 2197, Houston, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>A</u>	<u>30</u>	<u>17</u>	<u>32</u>
Is gas actually connected?	When			
<u>Yes</u>	<u>1-25-71</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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>1-11-71</u>	<u>1-25-71</u>	<u>4070'</u>						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3971 DF</u>	<u>Grady Sandstone</u>	<u>3615'</u>	<u>3903'</u>					
Perforations <u>3969', 3971', 3991', 4002', 4020', 4032', 4043' &amp; 4053'</u>	Depth Casing Shoe							
<u>W/ 85' F.</u>	<u>4070'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>680'</u>	<u>350 Ad. Cement</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4070'</u>	<u>250 Ad. Cement</u>					
	<u>2 1/2"</u>	<u>3903'</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>1-25-71</u>	<u>1-28-71</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>12 hrs</u>	<u>180 psi</u>	<u>0</u>	<u>3 1/2" / 64"</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>162 BO</u>	<u>11 BW</u>	<u>—</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.

W.E. Walker  
(Signature)  
Administrative Supervisor  
(Title)  
January 27, 1971  
(Date)  
77MCCC(B) MCA(B) File

OIL CONSERVATION COMMISSION  
APPROVED FEB 1 1971, 19  
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.