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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:
 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: MCA Unit Bty 1 Well No.: 264 Pool Name, including Formation: Malj B-SA Repr. Kind of Lease: Federal or Fee LC-0294256 Lease No.:
 Location: Unit Letter I, 1345 Feet From The South Line and 25 Feet From The East
 Line of Section 19 Township 17-5 Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navajo Pipeline Company Address (Give address to which approved copy of this form is to be sent): North Truman Ave, P.O. Box 2197, Houston, Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Maljamar Plant No. 60 Address (Give address to which approved copy of this form is to be sent): P.O. Box 2197, Houston, Texas
 *If well produces oil or liquids, give location of tanks. Unit A Sec. 30 Twp. 17 Rge. 32 Is gas actually connected? yes When 2-15-71

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>1-22-71</u>	Date Compl. Ready to Prod. <u>2-9-71</u>	Total Depth <u>4060'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>3940 GL</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3949'</u>		Tubing Depth <u>4007'</u>				
Perforations <u>3949, 3957, 3961, 3966, 3988, 3992, 3995, 4003, 4011 & 4018 w/19 SPF.</u>		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 3/8"</u>	<u>680'</u>	<u>350 of class "C" Cement</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4060'</u>	<u>250 of class "C"</u>					
	<u>2 1/2"</u>	<u>4007'</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: 2-15-71 Date of Test: 2-24-71 Producing Method (Flow, pump, gas lift, etc.): Pumping
 Length of Test: 2.2 hrs Tubing Pressure: _____ Casing Pressure: 60 # Choke Size: _____
 Actual Prod. During Test: _____ Oil-Bbls.: 252 Water-Bbls.: 112 Gas-MCF: _____

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.
[Signature]
 (Signature)
Administrative Supervisor
 (Title)
Feb 25, 1971
 (Date)
 27 mbecc (5) mca (3) file

OIL CONSERVATION COMMISSION
 APPROVED MAR 01 1971, 19____
 BY [Signature]
 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.

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FEB 9 1971

OIL CONSERVATION COM. N.
HOUSTON, TEX.