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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 Continental Oil Company
Address P.O. Box 460, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Oil, 1 barrel per day

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>McAlhitt Bty 1</u>	<u>265</u>	<u>Mulj. H-SA Rep.</u>	State, (Federal or Fee) <u>LC-029</u>	<u>4056</u>
Location				
Unit Letter	<u>L</u>	<u>1416</u> Feet From The <u>South</u> Line and <u>12.24</u> Feet From The <u>West</u>		
Line of Section	<u>20</u>	Township <u>17S</u>	Range <u>32-E</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Narajo Pipe Line Co.</u>	<u>North Tularosa Ave - Artesia, N.M.</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Maljamar Gasoline Pk 70.60</u>	<u>Box 2197, Houston, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>30</u>	<u>17</u>	<u>32</u>	<u>yes</u>	<u>2-23-71</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)	<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>2-3-71</u>	Date Compl. Ready to Prod.	<u>2-16-71</u>	Total Depth	<u>4100'</u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	<u>29636L</u>	Name of Producing Formation	<u>San Andres</u>	Top Oil/Gas Pay	<u>4007'</u>	Tubing Depth		
Perforations	<u>4016', 4014', + 4007' w/ 95 P2</u>					Depth Casing Shoe		
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>700'</u>		<u>325 24 lb. cement</u>			
<u>7 1/8"</u>	<u>5 1/2"</u>		<u>4100'</u>		<u>250 24 lb. cement</u>			
	<u>2 1/2"</u>		<u>3998'</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>2-21-71</u>	Date of Test	<u>2-23-71</u>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	<u>24 hrs</u>	Tubing Pressure		Casing Pressure	<u>60#</u>
Actual Prod. During Test		Oil - Bbls.	<u>284</u>	Water - Bbls.	<u>131</u>
				Gas - MCF	<u>—</u>

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.

[Signature]
(Signature)
Administrative Supervisor
(Title)
February 24, 1971
(Date)
McA(3) JLB

OIL CONSERVATION COMMISSION

APPROVED MAR 1 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.

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FEB 9 1971

OIL CONSERVATION COMM.
WASH. D.C.