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TRANSPORTER	OIL	
	GAS	
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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) Change of Name
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>MCA Unit Bldg 2</u>	Well No. <u>271</u>	Pool Name, Including Formation <u>Mdly. G-1A Repr.</u>	Kind of Lease State, Federal or Fee <u>LC-0294056</u>	Lease No. <u>LC-0294056</u>
Location Unit Letter <u>A</u> : <u>1295</u> Feet From The <u>North</u> Line and <u>25</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>17-S</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"/> <u>Deftas New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Millard, General</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Consolidated Natural Gas Pipeline Plant #60</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197, Durango, Deftas</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>
	Twp. <u>17</u>	Rge. <u>32</u>
	Is gas actually connected? <u>yes</u> When <u>NA</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'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded <u>2-23-71</u>	Date Compl. Ready to Prod. <u>3-9-71</u>	Total Depth <u>4163'</u>	P.B.T.D. <u>3850'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4023' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3753'</u>	Tubing Depth <u>3792'</u>					
Perforations <u>2761', 3754', 3757', 3755' + 3753' w/ 85PF</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u>	CASING & TUBING SIZE <u>8 1/2"</u>	DEPTH SET <u>770'</u>	SACKS CEMENT <u>w/ 425 04 class 2</u>					
<u>7 1/8"</u>	<u>5 1/2"</u>	<u>4163'</u>	<u>w/ 450 04 class 2</u>					
	<u>2 7/8"</u>	<u>3792'</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>3-12-71</u>	Date of Test <u>2-18-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure <u>✓</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>32</u>	Water - Bbls. <u>2</u>	Gas - MCF <u>.2</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. J. Jenkins
(Signature)
Administrative Supervisor
(Title)
March 19, 1971
(Date)

OIL CONSERVATION COMMISSION
MAR 22 1971
APPROVED _____, 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.

21000(5) 11005(2) 1100(2)

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OIL CONSERVATION COMM.
WASHINGTON, D.C.