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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

Operator Continental Oil Company	
Address Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit Bty 4	Well No. 273	Pool Name, including Formation Malj G-5A Repr.	Kind of Lease State, Federal or Fee Fed Lc	Lease No. 058699
Location Unit Letter L ; 1980 Feet From The South Line and 560 Feet From The West				
Line of Section 26 Township 17-5 Range 32-E, NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Pipeline Co	Address (Give address to which approved copy of this form is to be sent) M. Freeman, Artesia, N. Mex.			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Maljama Gasline Plant	Address (Give address to which approved copy of this form is to be sent) Box 1706, Maljama, N. Mex.			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 26	Twp. 17	Rge. 32
				Is gas actually connected? When yes NA

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 4-1-71	Date Compl. Ready to Prod. 4-27-71		Total Depth 4260		P.B.T.D. 4255			
Elevations (DF, RKB, RT, GR, etc.) 3943 GR	Name of Producing Formation Grayburg - San Andres		Top Oil/Gas Pay 4042		Tubing Depth 4164			
Perforations 4042, 51, 59, 65, 84, 90, 4105, 12, 23, 31, 65, 72, 77,		4207, 44213		Depth Casing Shoe 4260				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 7 7/8" cas		DEPTH SET 1030		SACKS CEMENT 450			
6 3/4"	4 1/2" cas		4260		325			
	2 3/8" tbg		4164					

VI. 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)

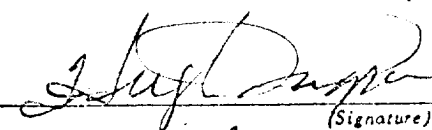
Date First New Oil Run To Tanks 4-27-71	Date of Test 4-27-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 21 hrs	Tubing Pressure 75	Casing Pressure 75	Choke Size
Actual Prod. During Test	Oil-Bbls. 60	Water-Bbls. 25	Gas-MCF 846

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

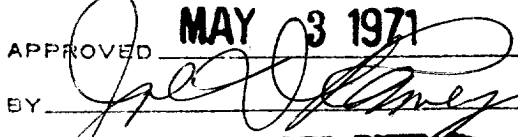
I. CERTIFICATE OF COMPLIANCE

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)
Adm. Supervisor
(Title)
4-29-71
(Date)

NMOCC-5

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1971
BY 
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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APR 8 1971

OIL CONSERVATION COMM.
HOBBS, N. M.