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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS
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) _____
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 Bty 3</u>	<u>274</u>	<u>Maly. G-SA Rgr.</u>	State <u>(Federal or Fee)</u> <u>LC-05</u>	<u>7210</u>
Location				
Unit Letter <u>A</u>	<u>1295</u> Feet From The <u>North</u> Line and <u>1295</u> Feet From The <u>East</u>			
Line of Section <u>28</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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Dezan New Mexico Pipe Line Co.</u>	<u>P.O. Box 1510, Midland, Texas</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>Conoco's Maly. Pipeline Plant #10</u>	<u>P.O. Box 2197, Houston, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>C</u>	<u>27</u>	<u>17S</u>	<u>32E</u>
Is gas actually connected?	When			
<u>yes</u>	<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)	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 <u>3-18-71</u>	Date Compl. Ready to Prod. <u>4-1-71</u>	Total Depth <u>4190'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>4005 GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3783'</u>		Tubing Depth <u>4123'</u>				
Perforations <u>3783', 3797', 3801', 3806', 3814', 3819', 3822', 3837', 3843', 3943', 3951', 3961', 4025', 4053', 4058', 4072', 4078', 4086', 4092', 4098', w/ 9 S.P.F.</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>900'</u>		<u>w/ 375 sacks (Plumb)</u>				
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4190'</u>		<u>w/ 300 sacks (Plumb)</u>				
	<u>2 7/8"</u>	<u>4123'</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>4-1-71</u>	Date of Test <u>4-15-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure <u>100#</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>165</u>	Water - Bbls. <u>72</u>	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.

M. E. Yeakley
(Signature)
Administrative Supervisor
(Title)
April 16, 1971
(Date)

OIL CONSERVATION COMMISSION
APR 19 1971
APPROVED _____, 19_____
BY [Signature]
SUPERVISOR DISTRICT
TITLE _____

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 Form C-104 must be filed for each pool in multi-

77 D-100 (4) 11545 (2) MRA (3) 210

FILED

APR 19 1971

OIL CONSERVATION COMM.
HOBBS, N. M.