

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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, N.M. 88240  
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 1</u>	<u>276</u>	<u>Mdja. B-4A Rep.</u>	State, Federal or Fee	<u>LC-029-105(b)</u>
Location				
Unit Letter	<u>P</u>	<u>25</u> Feet From The <u>South</u> Line and <u>1295</u> Feet From The <u>East</u>		
Line of Section	<u>19</u>	Township <u>17S</u>	Range <u>32E</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>Northern Pipe Line Co.</u>	<u>North Freeman Ave., Artesia, N.M.</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Mojave Gasoline Plant #60</u>	<u>P.O. Box 3197, 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>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'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>3-24-71</u>	<u>4-10-71</u>		<u>4030'</u>		<u>4022'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3928 N.I.</u>	<u>San Andres</u>		<u>3647'</u>		<u>3997'</u>			
Perforations					Depth Casing Shoe			
<u>3647', 3652', 3654', 3657', 3661', 3984', 3992', 4</u>								
<u>3997' N.I. JSPF.</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/8"</u>	<u>8 3/4"</u>		<u>700'</u>		<u>W/375 Atacama "C" line</u>			
<u>7 1/8"</u>	<u>5 1/2"</u>		<u>4030'</u>		<u>W/300 Atacama "C" line</u>			
	<u>2 3/8"</u>		<u>3997'</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>4-8-71</u>	<u>4-18-71</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>		<u>100#</u>	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>182</u>	<u>55</u>	<u>0</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)  
April 19, 1971  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 21 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.

APR 26 1971  
OIL CONSERVATION COMM.  
HOBBS, N. M.

OIL CONSERVATION COMM.  
HOBBS, M. M.