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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 \_\_\_\_\_

Lease Name MCA Unit Bty 1	Well No. 279	Pool Name, including Formation Malj. G-SA Repr.	Kind of Lease Fed. LC	Lease No. 0294056
Location Unit Letter <u>P</u> : <u>1295</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>17-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mojave Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, N. Mex.	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Maljamon Gasoline Plant	Address (Give address to which approved copy of this form is to be sent) Box 1206, Maljamon, N. Mex.	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30
	Twp. 17-S	Rge. 32-E
	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: \_\_\_\_\_

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 4-10-71	Date Compl. Ready to Prod. 4-25-71	Total Depth 4050		P.B.T.D. 4031					
Elevations (DF, RKB, RT, GR, etc.) 3933 GR	Name of Producing Formation Grayburg - San Andres	Top Oil/Gas Pay 3588		Tubing Depth 4027					
Perforations 3588', 91, 94, 99, 3606, 3707, 3716, 25, 28, 3741, 47, 55, 66, 70, 96, 4001 & 4005'		Depth Casing Shoe 4050							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8" Cas		700		375				
7 1/8"	5 1/2" Cas		4050		300				
	2 7/8" Tbg		4027						

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 4-25-71	Date of Test 4-29-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 90	Casing Pressure 85	Choke Size —
Actual Prod. During Test	Oil-Bbls. 240	Water-Bbls. 250	Gas-MCF 0

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

NMOCC-5  
MCA 3 J.P.

OIL CONSERVATION COMMISSION

APPROVED MAY 3 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

201-13

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APR 30 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.