

DISTRIBUTION			
SANTA FE			
UNION			
LOCAL OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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 P. O. Box 460, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Navajo Refining Co.-Primary oil Texas-New Mexico - Secondary oil

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		LC-029410A	
Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MCA Unit Bty 2	288 Malj. Grayburg-S.A. Repress.	State, Federal or Fee Fed.	
Unit Letter	D 65	Feet From The NORTH Line and 1295	Feet From The WEST
Range	29	Township 17-S	Range 32-E, NMPM, Lea County

III. NAME AND ADDRESS OF OWNER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
New Mexico Refining Co.		P.O. Box 1510, Midland, Texas	
Texas-New Mexico Pine Line Co.		Box 2197, Houston, Texas	
Continental Maljamar Plant No. 60		Is gas actually connected? Yes	
If well produces oil or liquids, give name of tanks.		When NA	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevation (T.D.F., R.R.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth							
Perforations		Depth Casing Shoe									

TUBING, CASING, AND CEMENTING RECORD			
POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE		(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 From H. To H. To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D					
Flowing Pressure (shots, 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.	
Administrative Supervisor	
3/1/73	

OIL CONSERVATION COMMISSION	
APPROVED	BY Joe D. Ramey, Dist. I, Supv.
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 Forms C-104 must be filed for each pool in multiply completed wells.	