CF CC 1ES HECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Continental Oil Company Address Box 460, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well Change in Tro Other (Please explain) Change in Transporter of: Well Redesignation Recompletion Dry Gas OH Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ Kind of Lease 288 malj G-SA Repress. State, Federal or Fee 060199 (a) Feet From The NOTHO Line and 1295 Unit Letter 32 E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Transporter of Oil X: Pipe Kine are artisia, of Authorized Transporter of Casinghead Gas or Dry Gas MGP P.ge. If well produces oil or liquids, 30 175 325 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v Deepen Designate Type of Completion - (X) Total Depth Date Compl Ready to Prod. 4080 4030 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) 3950 Lut gr 3630 Wlispx 1,89,1721,194,96, 3698, 3700, 370 4080 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 95-p 4005/5 700' 72.11 4080 300 SKS (Test must be after recovery of social volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, e:c.) Date First New Oil Run To Tanks 6-Casing Pressure Tubing Pressure 150 # Water - Bbls. Gas - MCF Oil - Bbis. Actual Prod. During Tes GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shub-in) Choke Size Tubing Pressure (Shut-in) Testing Mothed (pitot, back pr.) **ТРИ**СОММІЗВІОМ VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules end 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. 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 Forms C-104 must be filed for each pool in multiply completed wells.

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JUN 2 11971
OIL CONSERVATION CO. M. HOBES, N. M.