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U.S.G.S.	
LAND 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 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. 289	Pool Name, Including Formation Maj G-SA Reprss	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. LC 029410 b
Location Unit Letter B : 1165' Feet From The North Line and 1345' Feet From The East				
Line of Section 30 Township 17S Range 32E, NMPM, Lea County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Harris Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) 71 Freeman Ave Artesia, NM.			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co. MGP # 60	Address (Give address to which approved copy of this form is to be sent) BOX 1206 Maljona, New Mex			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 17S	Rge. 32E
	Is gas actually connected? yes		When N/A	

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 5-29-71	Date Compl. Ready to Prod. 6-21-71	Total Depth 4025'		P.B.T.D. 4013'					
Elevations (DF, RKB, RT, GR, etc.) 3910' gr	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3674'		Tubing Depth 3715'					
Perforations 3675', 89', 94', 98', 3716', 22', 28', 3734' w/11 spx		Depth Casing Shoe 4025'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 1/2"		DEPTH SET 700'		SACKS CEMENT 400 sacks				
7 3/8"	5 1/2"		4025'		300 sacks				
	2 3/8"		3715'						

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 First New Oil Run To Tanks 6-21-71	Date of Test 6-29-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 134	Water-Bbls. 125	Gas-MCF ---

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUN 30 1971	
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.		APPROVED _____, 19____	
BY <u>Admin. Supervisor</u>		BY <u>Leslie A. Clements</u>	
(Signature)		OIL & GAS INSPECTOR	
(Title)		TITLE _____	
June 30, 1971		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	
NHOC-5 USGS(2) MCA(3) File		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 30 1971

OIL CONSERVATION COMM.
HOBBS, N. M.