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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

I. Operator Continental Oil Co  
Address PO Box 460 Hobbs NM 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 NCHA Unit 13 Well No. 3296 Pool Name, Including Formation Maljamar G-5A Kind of Lease C Lease No. 000341  
Location  
Unit Letter K 1400 Feet From The South Line and 2615 Feet From The West  
Line of Section 28 Township 17 S Range 32 E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Nevada Refining Address (Give address to which approved copy of this form is to be sent)  
Alameda, NM  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Continental Oil Co. Malj. Gasline North Address (Give address to which approved copy of this form is to be sent)  
Box 1206, Maljamar NM 88264  
If well produces oil or liquids, give location of tanks. Unit C Sec. 27 Twp. 17 Rge. 32 Is gas actually connected? yes 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'v. ☐ Diff. Res'v. ☐  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE 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)  
OIL WELL  
Date First New Oil Run 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  
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.  
Ben K. Lee (Signature)  
Administrative Supervisor (Title)  
November 4, 1977 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED NOV 8 1977  
BY Don J. Burt  
TITLE Don J. Burt  
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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OIL COMMISSION COMM.  
HOBBS, N. M.