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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 <u>Continental Oil Company</u>	
Address <u>Box 460 Hobbs, New Mexico</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<u>Change of Lease</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name <u>MCA Unit Bldg 2</u>		Well No. <u>295</u>	Pool Name, Including Formation <u>Malf G-SA Repress</u>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee <u>LC0294106</u>	Lease No. <u>4106</u>
Location					
Unit Letter <u>I</u>	<u>1345</u>	Fees From The <u>South</u>	Line and <u>25'</u>	Fees From The <u>East</u>	
Line of Section <u>30</u>	Township <u>17S</u>	Range <u>32E</u>	NMPM, <u>Yea</u>		County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<u>Texas-New Mexico Pipeline Co</u>		<u>Box 1510 Midland, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> #		Address (Give address to which approved copy of this form is to be sent)			
<u>Continental Maljamas Gas Plant 60</u>		<u>Box 2197 Houston, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>	Twp. <u>17S</u>	Rge. <u>32E</u>	Is gas actually connected? When <u>Yes</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

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 <u>11-17-71</u>	Date Compl. Ready to Prod. <u>12-6-71</u>	Total Depth <u>4160'</u>		P.B.T.D. <u>4125'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3904' 92</u>	Name of Producing Formation <u>Hayburg-San Andres</u>	Top Oil/Gas Pay <u>3840'</u>		Tubing Depth <u>4060'</u>					
Perforations <u>4052', 4078', 4005', 07', 14', 20', 31', 37', 43', 3941', 47', 53', 59', 69', 3975', 3883', 87', 91', 95', 3839', 43', 47', 53', 57', 61', 3865'</u>		Depth Casing Shoe <u>4160'</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE <u>12 1/4"</u> <u>7 1/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u> <u>2 1/2" csg</u>		DEPTH SET <u>800'</u> <u>4160'</u> <u>4060'</u>		SACKS CEMENT <u>Circ - 4000 cks</u> <u>300 sacks</u>				

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 <u>12-6-71</u>	Date of Test <u>12-21-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>150 psi</u>	Casing Pressure <u>—</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>232</u>	Water - Bbls. <u>115</u>	Gas - MCF <u>—</u>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		DEC 30 1971	
<u>John W. Ransom</u> (Signature) <u>Administrative Supervisor</u> (Title) <u>December 29, 1971</u> (Date)		APPROVED _____, 19____ BY <u>John W. Ransom</u> Geologist TITLE _____	
11565-2 NMOC		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	