

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.  
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	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain) 40 1/4" casing	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit	Lease No. Btry 1	Well No. 298	Pool Name, including Formation Maj G-SA Regress	Kind of Lease LCC 29405(a)
State, (Federal or Fee)				
Location				
Unit Letter H	1345	Feet From The North	Line and 25	Feet From The East
Line of Section 19	Township 17 S	Range 32 E	NMPM, Yea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)					
Navajo Pipeline Company	N. Freeman Ave Altsia, N. Mex					
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)					
Continental Oil Co Maj G-P #60	Box 1706 Maljamar, N. Mex					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 17 S	Rge. 32 E	Is gas actually connected? Yes	When 1/1 A

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-13-71	Date Compl. Ready to Prod. 7-28-71	Total Depth 4085'	P.B.T.D. 4040'					
Elevations (DF, RKB, RT, GR, etc.) 3973' est df	Name of Producing Formation Hayburg-San Andres	Top Oil/Gas Pay 36.55'	Tubing Depth 3927'					
Perforations 3973', 4060', 4067', 4066', 4033'	Depth Casing Shoe 4085'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 1/8"		DEPTH SET 700'		SACKS CEMENT 375 SKS - Circ			
7 1/2"	5 1/2"		4085'		250 SKS			
	2 7/8"		3927'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 7-28-71	Date of Test 7-29-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 300 psi	Casing Pressure —	Choke Size 32 64"
Actual Prod. During Test	Oil - Bbls. 40.5	Water - Bbls. 2	Gas - MCF —

GAS WELL

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

Admin. Supervisor  
(Signature)  
July 30, 1971  
(Date)  
NMOCC(5) USGS(2) MCA(3) File

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1971, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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.

RECEIVED

JUL 5 1971

OIL CONSERVATION COMM.  
HOUSTON, TEXAS