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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

Operator Continental oil Company

Address Box 460 Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change In Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐ Change in ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>MCA Unit Bty 1</u>	<u>304</u>	<u>Malj G-SA Reprss</u>	State, <input checked="" type="checkbox"/> Federal or Fee	<u>LC 0294106</u>
Location				
Unit Letter	<u>I</u>	<u>1345</u> Feet From The <u>South</u> Line and <u>1295</u> Feet From The <u>East</u>		
Line of Section	<u>30</u>	Township <u>17S</u>	Range <u>32E</u>	NMPM, <u>Lea</u> 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)
<u>Nor-yo Pipeline Co</u>	<u>Mr. Freeman Avenue Artesia, N.M.</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 Gasoline Plant #60</u>	<u>Box 2197 Houston, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>A</u> <u>30</u> <u>17S</u> <u>32E</u> <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

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>1-1-72</u>	<u>1-13-72</u>	<u>4175'</u>	<u>4136'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3895' est gr</u>	<u>Grayburg San Andres</u>	<u>3804'</u>	<u>4000'</u>					
Perforations <u>3933', 29', 25', 21', 17', 13', 10', 07', 3903', 3899', 55', 51', 47', 31', 28', 25', 19', 15', 3811' w/ 1/2 spf</u>	Depth Casing Shoe		<u>4175'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 3/8"</u>	<u>899'</u>	<u>Circ - 425 SKS</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4175'</u>	<u>275 Sacks</u>
	<u>2 7/8"</u>	<u>4000'</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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>1-13-72</u>	<u>1-23-72</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>210 psi</u>	<u>-</u>	<u>2 1/2" 64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>277</u>	<u>2</u>	<u>198.5</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

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.

[Signature]
(Signature)
Administrative Supervisor
(Title)
January 25, 1972
(Date)

USGS-2 NM-5

OIL CONSERVATION COMMISSION

APPROVED JAN 27 1972, 19____

BY [Signature]
SUPERVISOR DISTRICT I

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