

Oil Conservation Commission
NATURAL
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

I. Continental Oil Co
Address PO Box 460 Hoboken NJ 07030
Reason(s) for filing (Check proper box) (Other (Please explain))
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Castinghead Gas ☐ Condensate ☐
Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NIC 11 Unit 3316 Maljamar Co SA Kind of Lease Leasehold Lease No. 1000341
Location Unit Letter M 1295 Feet From The South Line and 1295 Feet From The West
Line of Section 22 Township 17 S Range 22 E NMDM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Gas Transporter (Oil or Condensate) Continental Oil Co Address (Give address to which approved copy of this form is to be sent) Hoboken NJ
Name of Gas Transporter (Castinghead Gas or Dry Gas) Continental Oil Co Address (Give address to which approved copy of this form is to be sent) Box 1206, Maljamar NJ 07030
If well produces oil or liquids, give location of tanks. Unit C Sec. 27 Twp. 17 Range 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 Reservoir	Drill. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (d.b., R.B., 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 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	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 H. Lee
Administrative Supervisor
November 12, 1964
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Orig. Signed by
Test Station
TITLE Gas Lift Super

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 Form C-104 must be filed for each pool in multiple completion wells.