

SAN FRANCISCO
FILE
U.S.D.A.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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 Company
Address
P. O. Box 460, Hobbs, New Mexico
Reason(s) for filing (check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Navajo Refining Co.-Primary oil
Texas-New Mexico - Secondary oil

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
MCA Unit Bty 2
Location
Well No. 318
Pool Name, including Formation
Malj. Grayburg-S.A. Repress.
Kind of Lease
State, Federal or Fee Fed.
Lease No. LC-057210
Feet From The NORTH Line and 1295 Feet From The EAST
Line of Section 28 Township 17-S Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Transporter of Oil or Condensate ☐
Transporter of Gas ☒ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co., Artesia, N.M.
Box 1510, Midland, Texas
Address (Give address to which approved copy of this form is to be sent)
Continental Maljamar Plant No. 60
Box 2197, Houston, Texas
If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge. Is gas actually connected? When
28 17 32 Yes NA

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

V. COMPLETION DATA
Designate Type of Completion - X
Date Cased
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

VI. 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
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 (pitot, back pr.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size

VII. 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.
Administrative Supervisor
3/11/63
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
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 completed wells.