

DISTRIBUTION			
SANTA FE			
FILE			
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-11  
Effective 1-1-65

I. OPERATOR

Operator Continental oil Company

Address Box 460 Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐ Other (Please explain) Change in Lease Name

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA Unit Reg 1</u>	Well No. <u>320</u>	Pool Name, including Formation <u>Malj G-SA Ripen</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1195</u> Feet From The <u>West</u> Line and <u>2515</u> Feet From The <u>South</u> Line of Section <u>19</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lee</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"/> <u>Navajo Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>North Freeman Avenue Apt. 111</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <u>Continental oil Gasoline Plant #60</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2197 Houston, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>30</u>	Twp. <u>17S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>yes</u>	When <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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded <u>8-6-72</u>	Date Compl. Ready to Prod. <u>8-25-72</u>		Total Depth <u>4050'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3932'</u>	Name of Producing Formation <u>Hawburg San Andres</u>		Top Oil/Gas Pay <u>3666'</u>		Tubing Depth <u>4010'</u>			
Perforations <u>4007', 4002', 3797', 3793', 3729', 3926', 3798', 3793', 3789', 3765', 3761', 3713', 3710', 3702', 3671' and 3667'</u>					Depth Casing Shoe <u>4050'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u> <u>22 8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u> <u>2 3/8" + log</u>		DEPTH SET <u>700'</u> <u>4050'</u> <u>4010'</u>		SACKS CEMENT <u>350 sacks</u> <u>300 sacks</u>			

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 <u>8-25-72</u>	Date of Test <u>8-30-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil - Bbls. <u>86</u>	Water - Bbls. <u>93</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

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

Robert Gault III  
(Signature)  
Administrative Supervisor  
(Title)  
September 1, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 5 1972, 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.

USGS-2 MCA-3

NMCCC-# File

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