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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 Co.

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>MCA Unit Bty 1</u>	<u>323</u>	<u>Malj G-SA Repress</u>	State, <input checked="" type="checkbox"/> Federal or Fee	
Location				
Unit Letter	<u>K</u>	<u>1345</u> Feet From The <u>South</u> Line and <u>1380</u> Feet From The <u>West</u>		
Line of Section	<u>30</u>	Township <u>17S</u>	Range <u>32E</u>	NMPM, <u>Yea</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>Navajo Pipeline Co.</u>	<u>North Freeman ave 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 oil Co. Maljoman Pipeline Mont #60</u>	<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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>9-20-72</u>	<u>10-5-72</u>	<u>4080'</u>	<u>4058'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>38 84' gr</u>	<u>Mayburg San Andres</u>	<u>3781'</u>	<u>3974'</u>					
Perforations	Depth Casing Shoe							
<u>3929', 32', 35', 38', 41', 47', 3949', 3782', 84', 86', 93', 95', 3797'</u>	<u>4080'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>800'</u>		<u>400 sacks</u>			
<u>728"</u>	<u>5 1/2"</u>		<u>4080'</u>		<u>300 sacks</u>			
	<u>2 1/2" +bg</u>		<u>3974'</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>10-5-72</u>	<u>10-11-72</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>—</u>	<u>—</u>	<u>—</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>243</u>	<u>207</u>	<u>15</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)
October 17, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 19 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.

USGS-2 MCA-3
A/MCC-5 File