

IMPROVED OIL FIELD	
WATER TABLE	
FILE	
O.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

NEW MEXICO 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 PO Box 460 Hobbs NM 88240
Reason(s) for filing (check proper box) Holder 11/11/88240
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name, Pool Name, Including Formation	Kind of Lease	Lease No.
<u>171CH Un 105 3333 Maljamar G-5A</u>		<u>LC000591</u>	
Location	Unit Letter	Feet From The	Feet From The
	<u>E</u>	<u>1295</u>	<u>South</u>
		<u>1295</u>	<u>East</u>
Line of Section	Township	Range	County
<u>28</u>	<u>17 S</u>	<u>32 E</u>	<u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
<u>Continental Oil Co</u>	<u>Hobbs NM</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
<u>Continental Oil Co</u>	<u>Box 1206, Maljamar NM 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>C 27 17 32</u>	<u>yes</u> <u>NA</u>

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 Res'ty.	THH Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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.

Rick Lee
(Signature)
Administrative Supervisor
(Title)
November 4, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 10 1977, 19

BY Rick Lee

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.

11/10/00(6) 0565(6) 0000(6) etc