

HOWELL PETROLEUM CORPORATION
**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

STATE OF	
FULL	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROBATION OFFICE	

I.

Company Continental Oil Co
 Address PO Box 460 Hobbs 17177 85240

Reason(s) for filing (Check proper box) (Other (Please explain))

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 MCHA Unit Btry 3345 Maljama G-5A Well No. Pool Name, including Formation
 Kind of Lease 4C000341 Lease No.
 State, Federal or Fee

Location
 Unit Letter J : 2515 Feet From The South Line and 1345 Feet From The East
 Line of Section 22 Township 17 S Range 32 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Howell Petroleum Corp Address (Give address to which approved copy of this form is to be sent)
Midland TX
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Continental Oil Co. Maljama G-5A Unit B Address (Give address to which approved copy of this form is to be sent)
Box 1206, Maljama - NM 88264

If well produces oil or liquids, give location of tanks. Unit C Sec. 27 Twp. 17 Rge. 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 Res'v.	Diff. Res'v.
Date Spudded	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		

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.

Ron K. Lee
 (Signature)
Administrative Supervisor
 (Title)
November 4, 1977
 (Date)

OIL CONSERVATION COMMISSION
NOV 8 1977
 APPROVED _____ by _____, 19____
 BY John Sexton
Dist. L. Supv.

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.

711000(5) 11/8/77 mo 10(3) 11/10