

## 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-1

Effective 1-1-65

I.

Operator

Address

Reason(s) for filing (Check proper box)

New Well



Recompletion



Change in Ownership



Change in Transporter of:

Oil



Casinghead Gas



Dry Gas



Condensate



Other (Please explain)

Change Lease Name

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA UNIT BATTERY 4</u>	Well No. <u>351</u>	Pool Name, Including Formation <u>MALJ. GSA Refrass</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC-030437A</u>
Location Unit Letter <u>H</u> : <u>1485</u> Feet From The <u>NORTH</u> Line and <u>1225</u> Feet From The <u>EAST</u>				
Line of Section <u>26</u> Township <u>17-S</u> Range <u>32-E</u> , NMPM, <u>LEA</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., ALBUQUERQUE, 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 MALJ. GSA Refrass</u>	<u>Box 1206, MALJAMAR, N.M.</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>26</u> Twp. <u>17</u> Rge. <u>32</u>	<u>YES</u> <u>11-15-73</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 Restv.	Diff. Restv.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <u>10-22-73</u>	Date Compl. Ready to Prod. <u>11-15-73</u>	Total Depth <u>4350</u>		P.B.T.D. <u>4320</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>MALJAMAR GSA Refrass</u>	Top Oil/Gas Pay <u>4016</u>		Tubing Depth <u>4191</u>				
Perforations <u>4226, 36, 45, 54, 4266, 4196, 87, 78, 54, 44, 18, 4110, 4091, 83, 74, 56, 37, 4028</u>	Depth Casing Shoe <u>4350</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>8 5/8</u>		<u>966</u>		<u>320</u>			
	<u>5 1/2</u>		<u>4350</u>		<u>375</u>			
	<u>2 7/8</u>		<u>4191</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>11-15-73</u>	Date of Test <u>11-25-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>164</u>	Water-Bbls. <u>203</u>	Gas-MCF <u>92</u>

## 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.

ME Gaudin  
(Signature)  
Administrative Supervisor  
(Title)  
11-28-73  
(Date)

## 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.

NM 1000 (5) 4565(4) MCA(3) file

11 16-73

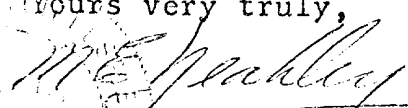
New Mexico Oil Conservation Commission  
P. O. Box 1980  
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's MCA Unit No. 351, located in Unit H Section 26, San County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>250</u>	<u>1/4</u>	<u>3145</u>	<u>1 1/4</u>	<u>        </u>	<u>        </u>
<u>494</u>	<u>1/4</u>	<u>3490</u>	<u>1 1/2</u>	<u>        </u>	<u>        </u>
<u>721</u>	<u>1/2</u>	<u>3860</u>	<u>1 3/4</u>	<u>        </u>	<u>        </u>
<u>966</u>	<u>1/2</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>1230</u>	<u>1/2</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>1447</u>	<u>1/2</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>1687</u>	<u>1/2</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>1938</u>	<u>3/4</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>2375</u>	<u>1</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>2580</u>	<u>1</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>3062</u>	<u>1 1/2</u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Yours very truly,

  
Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 28<sup>th</sup> day of November, 1973.

7-4-76  
My Commission Expires

  
Notary Public