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	GAS	
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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-116  
Effective 1-1-65

I.

Operator <u>CONTINENTAL Oil Company</u>		
Address <u>Box 460 Hobbs New Mexico</u>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	<u>Change in Lease Name</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MCA Unit BATTERY 3</u>	Well No. <u>353</u>	Pool Name, Including Formation <u>MALJAMAR GSA Repress</u>	Kind of Lease State <u>(Federal)</u> or Fee	Lease No.
Location Unit Letter <u>N</u> : <u>175</u> Feet From The <u>South</u> Line and <u>2615</u> Feet From The <u>West</u> Line of Section <u>27</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>TEXAS New Mexico Pipeline</u>	<u>Box 1510, Midland, TEXAS 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input 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. MALJAMAR Gasline Plant #60</u>	<u>Box 1206, MALJAMAR, N.M. 88264</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>27</u>	Twp. <u>17</u>	Rge. <u>32</u>	Is gas actually connected? <u>Yes</u>	When <u>12-4-73</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 <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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>11-8-73</u>	Date Compl. Ready to Prod. <u>12-2-73</u>	Total Depth <u>4350</u>		P.B.T.D. <u>4300</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3961 GR</u>	Name of Producing Formation <u>MALJ. GSA Repress</u>	Top Oil/Gas Pay <u>4041</u>		Tubing Depth					
Perforations <u>4048, 71, 86, 4102, 14, 33, 43, 4154, 4192, 4211, 25, 35, 4241</u>		Depth Casing Shoe <u>4357</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE <u>12 1/4</u> <u>7</u>	CASING & TUBING SIZE <u>8 5/8</u> <u>5 1/2</u> <u>2 7/8</u>		DEPTH SET <u>980</u> <u>4350</u> <u>4254</u>		SACKS CEMENT <u>550</u> <u>250</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>12-4-73</u>	Date of Test <u>12-9-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test	Oil - Bbls. <u>129</u>	Water - Bbls. <u>74</u>	Gas - MCF <u>21</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.

[Signature]  
(Signature)  
Administrative Supervisor  
(Title)  
12-11-73  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
TITLE [Signature]

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.

Form 151-2565 (11-73) MCA (1) F.10

12-11-73

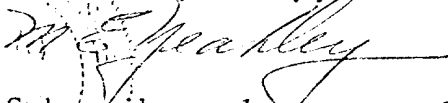
New Mexico Oil Conservation Commission  
P. O. Box 1980  
Hobbs, New Mexico 88240

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. 353, located in Unit N Section 37, Lea County, New Mexico.

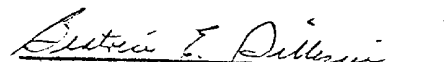
<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>248</u>	<u>1/4</u>	<u>2622</u>	<u>1 1/4</u>		
<u>450</u>	<u>1/4</u>	<u>3120</u>	<u>1 1/2</u>		
<u>684</u>	<u>1/4</u>	<u>3308</u>	<u>1 3/4</u>		
<u>934</u>	<u>1/2</u>	<u>3713</u>	<u>1 1/2</u>		
<u>980</u>	<u>1/2</u>	<u>4013</u>	<u>1 1/4</u>		
<u>1222</u>	<u>1/2</u>				
<u>1571</u>	<u>3/4</u>				
<u>1818</u>	<u>1</u>				
<u>2068</u>	<u>1</u>				
<u>2029</u>	<u>1 1/4</u>				
<u>2561</u>	<u>1 1/4</u>				

Yours very truly,



Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 11<sup>th</sup> day of December, 1973.

2-4-76  
My Commission Expires

  
Notary Public