

NO. OF COPIES RECEIVED		DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE				AND		Effective 1-1-65	
U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							
Operator				CASINGHEAD GAS MUST NOT BE			
CONTINENTAL OIL COMPANY				PLACED AFTER 8/4/77			
Address				UNLESS AN EXCEPTION TO R-4070			
Box 460 Hobbs New Mexico 88240				IS OBTAINED.			
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well <input type="checkbox"/>				Formerly Miller Federal B			
Recompletion <input checked="" type="checkbox"/>				No. 1			
Change in Ownership <input checked="" type="checkbox"/>							
Change in Transporter of:							
Oil <input type="checkbox"/>							
Dry Gas <input type="checkbox"/>							
Casinghead Gas <input type="checkbox"/>							
Condensate <input type="checkbox"/>							
If change of ownership give name and address of previous owner				AMOCO Production Company, Levelland Texas			
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.		Pool Name, Including Formation		Kind of Lease	
PEARL B		4		MALJAMAR G-5A		State, Federal or Fee LC 058697(B)	
Location						Lease No.	
Unit Letter N		380		Feet From The South Line and 2310		Feet From The WEST	
Line of Section 25		Township 17-S		Range 32-E		NMPM, Lea County	
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)			
NAVAJO CRUDE OIL PURCHASING CO. (TRUCK)				ARTEJIA, N. M.			
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)			
CONTINENTAL OIL CO. MALJAMAR GASLINE PLANT				Box 2197 HOUSTON, TEXAS			
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When			
Unit N Sec. 25 Twp. 17 Rge. 32				No			
If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>		Gas Well <input type="checkbox"/>		New Well <input type="checkbox"/>	
		Workover <input type="checkbox"/>		Deepen <input type="checkbox"/>		Plug Back <input checked="" type="checkbox"/>	
		Same Res'v. <input type="checkbox"/>		Diff. Res'v. <input checked="" type="checkbox"/>			
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
		6-4-77		4194		4276	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3991 RT		SAN ANDRES		4194		4276	
Perforations				Depth Casing Shoe			
4194, 97, 4202, 06, 10, 14, 18, 22							
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
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.)			
		6-4-77		Flow			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
24 HRS		65#				32/64	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	
		140		140		NA	
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	
I. 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.							
APPROVED JUN 8 1977							
BY							
TITLE SUPERVISOR DISTRICT I							
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.							
B. P. Miller (Signature)							
Ar. Staff (Title)							
6-8-77 (Date)							
NMCC(5) USGS(2) File							

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JUN 7 1987

OL. CONSERVATION COMM.
HOBBE, N. M.