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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-110
Effective 1-1-65

I. Operator
Continental Oil Company
Address
Box 460 Hobbs NM 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ *Change in Well Name*

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>McIntosh Satiny 3</i>	Well No., Pool Name, including Formation <i>357 McNamee G-S 14</i>	Kind of Lease <i>LC-057210</i> State, Federal or Fee	Lease No.
Location Unit Letter <i>M</i> : <i>45</i> Feet From The <i>South</i> Line and <i>45</i> Feet From The <i>West</i> Line of Section <i>28</i> Township <i>17-N</i> Range <i>32-E</i> , NMPM, <i>Lea</i> 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"/> <i>Texas New Mexico Pipeline Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>Midland Texas</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Continental Oil Co. Midland</i>	Address (Give address to which approved copy of this form is to be sent) <i>Midland NM</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>L</i>	Sec. <i>33</i>	Twp. <i>20</i>	Rge. <i>38</i>	Is gas actually connected? <i>Yes</i>	When <i>5-26-78</i>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>4-5-78</i>	Date Compl. Ready to Prod. <i>5-26-78</i>		Total Depth <i>4170</i>		P.B.T.D. <i>4160</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3936 GR</i>	Name of Producing Formation <i>Graptolite Sandstones</i>		Top Oil/Gas Pay <i>3816</i>		Tubing Depth <i>4080</i>			
Perforations <i>3816-3824, 3859-3869, 3924-3930, 3957-3961, 3973-3980</i> <i>4043-4051, 4056-4091, 4114-4130</i>					Depth Casina Shoe <i>898</i>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <i>12 1/4</i> <i>7 7/8</i>	CASING & TUBING SIZE <i>8 5/8</i> <i>5 7/8</i> <i>2 7/8</i>	DEPTH SET <i>898</i> <i>4150</i> <i>41080</i>	SACKS CEMENT <i>450</i> <i>1930</i>
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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 <i>6-4-78</i>	Date of Test <i>6-4-78</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 HR</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>15.8</i>	Water - Bbls. <i>54</i>	Gas - MCF <i>79</i>

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

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.

Ben A. Lee
(Signature)
Administrative Secretary
(Title)
6-9-78
(Date)
USGS (1) MGA (4) File

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS Box 460, Hobbs, New Mexico 88240
 LEASE NAME MCA Unit WELL NO. 357 FIELD
 LOCATION Section 28, T-17S, R-32E, Lea County New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
249	1/4	1.0956	1.0956
482	1/2	2.0271	3.1227
571	3/4	1.1659	4.2886
900	1	5.7575	10.0461
1135	1	4.1125	14.1586
1382	1	4.3225	18.4811
1639	1 1/4	5.6026	24.0837
1877	1 3/4	7.2590	31.3427
2494	2 1/2	26.9012	58.2439
2823	3	17.2067	75.4506
3307	2 3/4	23.2320	98.6826
3801	1 3/4	15.0670	113.7496
4150	2	12.1801	125.9297

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Garlin Taylor
 TITLE Garlin Taylor, Admin. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Garlin Taylor
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 22nd day of April, 19 78

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

Jerry L. Murrick
 Notary Public in and for the County
 of Lea, State of New Mexico