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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and 105
Effective 1-1-53

Person(s) for filing of this report	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Gas <input type="checkbox"/>	
Change in transporter <input type="checkbox"/>	Gashead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Continental Oil Company, Box 200, Santa Fe, N.M.

II. DESCRIPTION OF WELL AND LEASE

Well No.	Unit	Well Name, Including Formation	State	Lease No.
	104	WINDY CANYON		B-1581
Section	330	Feet From The	South	1650
Line and			West	
Range	36	Township	19S	Range
			37E	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is this production transported by pipeline? <input type="checkbox"/>	Address (Give address to which shipment of this form is to be sent)
Is this production transported by truck? <input type="checkbox"/>	Address (Give address to which shipment of this form is to be sent)
Is this production transported by rail? <input type="checkbox"/>	Address (Give address to which shipment of this form is to be sent)
Is this production transported by other means? <input type="checkbox"/>	Address (Give address to which shipment of this form is to be sent)

Well produces oil or gas? ☐ Sec. 25 Twp. 29 Rge. 37

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	Lease	Other
Completed						
Date	Ready to Prod.	Total Depth				
Production (Oil, Gas, Water)	Name of Producing Formation	Top Gas/No Gas Day				

TUBING, CASING, AND CEMENTING RECORD

HOLESIZES	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 fluid in and must be at least 24 hours before exceeding allowable for this depth or be for full 24 hours)

Producing Method (flow, pump, gas lift, etc.)	Producing Pressure	Casing Pressure	Well Size
Oil-Bble.	Water-Bble.		

GAS WELL

Producing Method (pump, gas lift, etc.)	Length of Test	Bble. Condensate (MMBtu)	Volume of condensate
Shut-in Pressure (Shut-in)	Casing Pressure (Shut-in)		

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.

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.

Continental Oil Company

September 30, 1957

Date