

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Operator <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 460, Hobbs, N.M. 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

Lease Name <u>Jenna McKee</u>	Well No. <u>50</u>	Pool Name, including Formation <u>Warren McKee</u>	Kind of Lease State, Federal or Fee <u>LC031670(h)</u>	Lease No.
Location				
Unit Letter <u>L</u>	: <u>1980</u>	Feet From The <u>South</u> Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>20</u>	Township <u>20-S</u>	Range <u>38-E</u>	NMPM, <u>CPA</u>	County

Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
<u>Western Oil Transp.</u>		<u>Hobbs, N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
<u>Warren Petroleum</u>		<u>Monument N.M. 88240</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>29</u>	Twp. <u>20</u>
		Rge. <u>38</u>	Is gas actually connected? <u>Yes</u>
			When <u>NA</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res/v.	Diff. Res/v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKS, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 _____, 19 _____	
BY _____		TITLE _____	
Signature <u>B. Phillips</u> Title <u>Asst. Sec.</u> Date <u>2-24-77</u> Address <u>Alamo (S) 456321 San Juan (N) 88240</u>		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 multiple completed wells.	