

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 New Mexico		Reason(s) for filing (Check proper box) New Well ☐ Recompletion ☐ Change in ownership ☐ Change in Transporter ☐ Change in Completion ☐ Other (Please explain)
Change in Transporter ☒ Oil ☒ Condensate ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name Fairney A-5	Well No. 2	Prod. Name, including Formation Julian Yates Grs.	Kind of Lease State, Federal or Free Fed.
Location Unit Letter I Section 1980 Feet From The South Line and 660 Feet From The East Line of Section 5 Township 23-S Range 36-E N.M.S.M. 200 County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	Address (Give address to which approved copy of this form is to be sent)					
It well produces oil or liquids, give location of tanks.	Unit J	Sec. 5	Twp. 23	Rge. 36	Is gas actually connected? ☐	When

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	Deepen	Plug Back	Same Reaty.	Diff. Reaty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Foot	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 oil available 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 (pilot, flowing) Test	Oil-Produ.	Water-falls.	Gas-MCF

GAS WELL

Actual (pilot, flowing) Test	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pilot, back pct)	Tubing Pressure	Casing Pressure	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)
[Signature]
(Title)
1-12-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 and C-110 for each pool in multiple completions.