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TRANSPORTER	OIL	
	GAS	
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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 C-1
Effective 1-1-65

Operator <u>Continental Oil Company</u>	
Address <u>Box 400, Mills, New Mexico 88401</u>	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: ☒ Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Chlorine A-15</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Permian</u>	Kind of Lease <u>LC</u>	Lease No. <u>0307256</u>
Location				
Unit Letter <u>P</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>East</u>
Line of Section <u>15</u>	Township <u>22 S</u>	Range <u>37 E</u>	N.M.P.M. <u>12 N</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Continental Oil Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Mills, N.M.</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Continental Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>660 Mills, N.M.</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>15</u>	Twp. <u>22</u>	Range <u>37</u>	Is gas actually connected? <u>Yes</u>	When

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	Gas well	New well	Recompletion	Deepen	Flow, pump, gas lift, etc.	Unit, Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.S.D.				
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Total Depth				
Perforations		Depth of Perforation						

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.)	
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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

<u>Bern H. Lee</u> (Signature)	
<u>Administrative Supervisor</u> (Title)	
	<u>MAR 6 1 1975</u> (Date)

OIL CONSERVATION COMMISSION

APPROVED	<u>MAR 14 1979</u>
BY	<u>Orig. Signed by</u> <u>Kerry Sexton</u> <u>Dist. 1, Supv.</u>
TITLE	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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.

NM/CB (5) USGS (2) WMA (4) FRC