		1				
NO. OF COPIES RECEIVED			•		!	
DISTRIBUTION		NEW MEXICO OIL CO	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE /		REQUEST F	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110			
FILE	1		AND		Effective 1-1-65	
u.s.g.s.		AUTHORIZATION TO TRAI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Ω	
LAND OFFICE						
TRANSPORTER OIL GAS	1	·				
	1					
OPERATOR	17					
PRORATION OFFICE						
Operator			•			
CONTINENTA	4	OIL COMPRNY				
Address					1	
BOX 460 A	<u> Ls d</u>	016 Company 165 N. M. 88240				
Reason(s) for filing (Check proper box) Other (Please explain)						
Reason(s) for filing (Check proper box) New Well Recompletion Other (Please explain) Respectfully Request Testing Allowable Respectfully Request Testing Allowable Of 3,000 bbl. To clear This well up after						
Change in Ownership		Casinghead Gas Condens	sate trac. We	UJdekstand 190	32 8813 2011 00	
Tr. t					- AZLOVABLE AT	
If change of ownership give name Time I. P. is established and address of previous owner						
•						
DESCRIPTION OF WEI	LL A	ND LEASE	·	Kind of Lease	Legse No.	
Lease Name		Well No. Pool Name, Including Fo		State, Federal or Fee	Warn D	
JICARILLA 2	<u> </u>	8 Lindeith Gallup	DAKOTA, WEST	Sidie, Federal of Fee	CONTRACT 63	
Location						
Unit Letter I; 1795 Feet From The South Line and 1080 Feet From The EAST						
		26.4	22 - 1	0 1		
Line of Section		Township 25 N Range	4W, NMPM,	KIO HRRIBA	County	
DESIGNATION OF TR.	ANSI	PORTER OF OIL AND NATURAL GA	S	a which approved core	of this form is to be sent)	
Name of Authorized Transporter of Oil Or Or Condensate Address (Give address to which approved copy of this form is to be sent)						
Shell Company Box 1588, FARming Two Im Name of Authorized Transporter of Casinghead Gas are or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
					, 0, 2	
EL PASO NATU	RAL		Is gas actually connected	XAS When		
If well produces oil or liqui	ds,	Unit Sec. Twp. Rge.		I unen	}	
give location of tanks.		J 28 25 4	NO			
If this production is comm	ningle	ed with that from any other lease or pool,	give commingling order	number:		

V. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion -(X)Date Compl. Ready to Prod. Date Spudded 10-28-3-24-77 Tubing Depth Elevations (DF, RKB, RT, GR, etc.) GALLUP DAKOTA West 103 GR 7877-7863, 7842-28, 78/0-18, 7692-7698, 7947-7928 Depth Casing Shoe 1039 TUBING, CASING, AND CEMENTING RÉCORD 6906-16 CASING & TUBING SIZE

8 5/8

4 /2 SACKS CEMENT DEPTH SET HOLE SIZE 550 1214 1039 7994 77/8 7941 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks Choke Size Casing Pressure 5 1977 Tubing Pressure Length of Test Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

TITLE _

TL CERTIFICATE OF COMPLIANCE

OIL WELL

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.

Date of Test

(Signature) BEA OIL CONSERVATION COMMISSION

Producing Method (Flow, pump, gas lift, etc.)

APPROVED_ By Original Signed by to he removiek

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.