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IRANSPORTER	OIL		
	GAS		
OPERATOR		7	

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS J	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS	
1.	OPERATOR 2 PRORATION OFFICE Operator				
	CONTINENTEL OSL COMPONY				
10. 50x 160, HOBBS, N. 11. 58240				240	
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	F=4 !		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE		Burgery	
	Lease Name AVI APPORTE O	Well No. Pool Name, Including Fo	ormation Kind of Lease State, Federal	-NEIRN	
	Location 179	5 Feet From The SOUTH Lin	e and	<i>E</i> 22-	
	2	241	(1) D-	122201	
	Line of Section O Tow	mship Range	YW, NMPM, KIO	MKR2BA County	
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	S Address (Give address to which approv	ed copy of this form is to be sent)	
	<u> </u>				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas GAS COMPANY OF LEW MEXICO		Address (Give address to which approved copy of this form is to be sent) DALLAB. TEXAS		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completion	on - (X)	New Well Workover Deepen Total Depth	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded 5 7 7 Elevations (DF, RKB, RT, GR, etc.)	Parte Compl. Ready to Prod. 8 - 10 - 77	6086	5986	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation PICTURED CLIFFS	Top Oil/Gas Pay	Tubing Depth	
	Depth Casing Shoe		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 3/0 5X	
	77/9"	51/24	6080'	930 5X	
		2 3/8"	3676'		
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)				
Date First New Oil Run To Tanks Date of Test Pr		Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Zhokë Size	
	Actual Prod. During Teet	Oil-Bbls.	Water - Bbls.	Gas ANCE 3 1 1977	
		<u> </u>		OIL COM. CCM.	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST. 3 Granty of Condensate	
	Testing Method (pitot, back pr.)	3 Has.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY N. E. P. CANGELL, IR			
		TITLE 3 ACCOUNT OF THE TOTAL OF			
Adm Olyso			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 any and semimolated wells.		

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 filled for each pool in multiply completed wells.